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THE IMPACT OF POVERTY ON CHILDREN'S EXPERIENCES OF SERVICES

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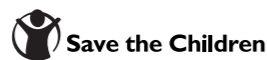
THE IMPACT OF POVERTY ON CHILDREN'S EXPERIENCES OF SERVICES

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Acknowledgements	4
Executive Summary	5
Chapter 1 INTRODUCTION TO THE STUDY	15
Chapter 2 LITERATURE REVIEW	23
Chapter 3 STUDY DESIGN	33
Chapter 4 THE CASE STUDY AREAS	43
Chapter 5 SERVICE PROVIDERS' PERSPECTIVES	53
Chapter 6 THINGS TO DO, PLACES TO GO;	63
The meaning and significance of services in children's lives	
Chapter 7 THE ROLE OF ADULTS AND PEERS	85
Chapter 8 OPTING IN, OPTING OUT:	105
Other influences on service inclusion and exclusion	
Chapter 9 THE IMPORTANCE OF MATERIAL RESOURCES	131
FOR CHILDREN'S SERVICE USE	
Chapter 10 THE IMPACT OF NEIGHBOURHOOD CONTEXT	151
Chapter 11 SUMMARY, CONCLUSIONS & RECOMMENDATIONS	159
Bibliography	173

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Origins of the study

This study arose from the identification of a gap in knowledge and corresponding need for the development of a better contemporary understanding of children's experiences of poverty. Whilst there has been much quantitative empirical work and many official statistics produced documenting the extent and distribution of childhood poverty within the UK and sometimes comparatively, less qualitative research evidence existed considering children's own perceptions of their experiences of poverty. Therefore, the current study sought to build on the few studies that had explored children's own experiences of poverty, with a specific focus on children's perspectives in relation to services, and an emphasis on the effect of poverty on children's access to, perceptions of and use of services.

Following a successful application to the Big Lottery in 2004 for a two-year study, the research commenced in November 2004. The fieldwork was undertaken between Spring 2005 and Autumn 2006 by the research team involving staff from the University of Glasgow and Save the Children.

Study aims and objectives

The primary focus of the project was an exploration of the effect of poverty on children's access to, perceptions of and use of services. Focusing on children aged 10 - 14 years, the study aimed to provide a perspective on the lives of children and young people affected by poverty in Scotland through comparing the experiences of children living in poverty with those more economically advantaged. The research was designed with a comparative component to illuminate those aspects of children's perspectives which were largely confined to living with disadvantage, and those shared by children and young people more widely. It also sought to take account of local contexts through the inclusion of areas in the fieldwork representing a range of different urban and rural settings, and socio-economic circumstances.

Key research objectives

- To compare the experiences of service access and use for children and young people who are living in poverty with those living in more affluent households in order to explore the impact of poverty;
- To examine how type of place of residence (particularly position on urban-rural spectrum, level or diversity of deprivation) interacts with poverty in children's and young people's perceptions of, access to, and experiences of services;
- To examine the perceptions, needs and aspirations of children and young people in relation to the accessibility and quality of services;
- To examine how children and young people's knowledge and understanding of services impacts on access and use;
- To explore the main factors enabling children and young people to negotiate access to services; and
- To identify which adults, if any, mediate children's and young people's access to and use of services.

Study methodology

The study employed qualitative methods, in order to achieve an in-depth exploration of children's experiences and perceptions of services and focused on children/young people (these terms are used inter-changeably throughout the report) aged 10 to 14 years. The study sample included children from both lower and higher income households so that differences between the service-related experiences of more and less affluent children could be explored.

To ensure that the impacts of local contexts (affluent versus deprived areas; rural – urban spectrum) were taken into account, three case study areas were selected for the fieldwork capturing a diverse range of socio-economic circumstances and a range of service availability across both urban and rural locations. These were given the following anonymised nomenclature to protect research participant identities:

- City Estate – a peripheral city housing estate.
- Accessible Town – a medium-sized town and its suburbs.
- Remote Town/Rural – a predominantly rural area, encompassing an isolated town centre as well as a smaller town and several villages and their rural hinterland.

The two-stage research design included initial focus groups held to familiarise children with the study and to hold discussions about service use generally, followed by individual interviews which focused in more detail on children's own experiences and perceptions and how these related to their own lives and circumstances. Children also took photographs of services used over a one-week period. These were used as an aid in interviews to ensure issues that were important to them were discussed.

In total, fifty-six children took part in the study. Forty-nine took part in focus groups, of whom forty-six also participated in an individual interview. A further seven young people participated in individual interviews who had not previously taken part in a focus group, giving a total of fifty-three individual interviews completed.

Up to six service providers were also interviewed in each case study area. Discussions covered levels and availability of local services and key issues, constraints and barriers impacting on service provision within the locality.

Study findings

Service provider perspectives

Service providers' perspectives reflected a number of key issues including:

A general move towards *partnership working* in the public sector. In many of these partnerships, schools were viewed as being key players.

Outreach working was a further key element of service delivery, particularly in the rural and more deprived areas.

Resource issues, particularly related to finances but also at times to buildings, and human resources, create further difficulties.

Children and young people need services with staff they feel they can *trust*, who treat them with *respect*, and where their *confidentiality* is respected.

Lack of self-confidence for accessing services was a particular concern raised with regard to children from lower income households.

Informal spaces are important, as are *flexible delivery times*.

Barriers to young people accessing services were believed to relate to cost, lack of confidence, parental consent and at times the perceived hostility of other young people. Transport was identified as a significant barrier requiring adult involvement to overcome especially in remote rural areas.

Children's perspectives

The meaning and importance of services in children's lives

According to children, the *perceived benefits of services* include:

- opportunities to participate in activities;
- having 'a place to go';
- opportunities to maintain and develop social networks through meeting up with existing friends and meeting new people;
- the chance for space and time to themselves;
- opportunities to widen the opportunities available by travelling outwith their own locality;
- access to help and support, both practical support as well as support which enhances well-being, including help through specialist support services;
- opportunities for skills and expertise development.

Important aspects of *quality in service provision* from children's point of view include:

- factors related to service accessibility (service location, opening times and level of open versus restricted access);
- service provision in safe and welcoming physical environments;
- positive staff attributes (friendly, caring, approachable and welcoming staff; non-judgemental staff attitudes towards young people; staff trustworthiness and confidentiality);
- continuity of staffing, perceived as especially important for services requiring one-to-one contact such as health services; and
- service affordability.

Experiences of *consultation and participation* tended to be relatively limited overall, although this was not a key feature the study sought to explore.

Young people's *priorities for service improvements and aspirations for change* include:

- access to cheaper services, particularly cheaper leisure services;
- optimal location of services, ideally within walking distance;
- greater opportunities to attend youth facilities, including informal spaces;
- more separate spaces to meet other young people independently of adults;
- improved facilities within local parks;
- health service improvements (waiting areas for young people as well as for younger children; ensured access to school nurses; more doctors to reduce GP waiting times; greater privacy in hospital wards; extended health facility opening hours);
- improvements to retail services (more respectful treatment of children by retail staff and improved support to children in retail services);
- better quality environments, particularly less vandalism and less litter;
- improved publicity of local services available to young people, both for children and their parents, including child-friendly information about services.

Informal public spaces were used differentially and were of varying importance for young people, reflecting both the resources available to them, the presence of adult-imposed constraints on their use of spaces (such as police and private landlords) and the characteristics of the local neighbourhood. When a range of informal spaces were available in their local area, children had less need or motivation to use more formal recreation services or else these were additional. For children lacking private gardens or safe public areas to go to, the capacity to use formal services is more critical.

Informal spaces tended to be of particular importance to children from lower income households.

"That's near my street but. We play there, we play outside, we play round the back, we play round at the shop, play up at [a friend's] street, play down at the shopping centre, play at the park, just play everywhere".

Girl, 10 years, City Estate, deprived, lower income

Such differences between poorer and more affluent children in terms of how they spent their time reflects an important dimension of inequality of opportunity for children growing up in poorer households.

The role of adult and peer mediation in young people's access to and use of services

Parental mediation was the key form of adult mediation and was highly significant for children's access to services for the great majority of study participants, both in terms of support prior to engaging with services, and support to engage with services. The provision of information and knowledge about services by parents was highly important for the majority of young people across age and affluence groupings:

"If I needed health services I would just tell my mum and she would find out for me." Boy, 14 years, Remote Town/Rural, deprived, lower income

Levels of parental mediation in terms of *support to engage with services* varied considerably amongst participants and by types of service. Some services, such as health, were strongly mediated by parents across both age groups, whilst others were mediated differentially depending on factors including children's age, service location, relative household affluence and individual (parental) preferences. The evidence suggested that children from lower income households tended to access leisure services (and also retail services to some extent) more independently than their more affluent peers. Whilst the evidence broadly demonstrates the crucial role and positive ways in which parental mediation supported young people's access to and use of services, some children experienced constraints to service use arising through more limited parental involvement:

"A lot of things, people need to take an adult with them to go and that is not really much help, because I can't go with an adult. I don't have an adult to go with me." Girl, 10 years, Remote Town/Rural, deprived, lower income

The importance of *other forms of adult mediation* were also highlighted, including mediation via wider family members, and through agencies and professionals. *Schools* emerged as an important mediator agency, facilitating young people's access to other services in a number of ways from curricular/classroom support through to assisting with access to external universal and specialist services:

"They send letters home and they sometimes have assemblies – I think we have one every month usually and we have a talk about what is happening and what is going... what is coming up."

Girl, 13 years, Accessible Town, non-deprived, higher income

Other agencies perceived as important sources of access to services included youth clubs which facilitated access to a range of other provision including health services. Such roles were especially important for some young people from lower income households.

Peers also played an important role regarding young people's access and experiences of services. This included companionship when attending services, providing young people with a comfortable and familiar presence, someone to share free time and jointly access services with, and a means of engaging with services their friends were already involved with. Peers were especially important for young people who lacked a strong parental or other adult mediator in their life, or who had limited resources via their family to access services, a particular concern for less affluent children. Not having friends to attend a service with formed a barrier for children in some instances:

"There are many places [to go], it's just that some of my friends don't want to go, some are busy. And [it's not good] on your own... you want to talk to someone." Girl, 14 years, City Estate, deprived, lower income

Opting in, opting out: other key influences on service inclusion and exclusion

Children's age impacted on children's use of services in a number of ways, including age-related restrictions imposed by service providers, more informal age impacts arising through young people's perceptions of service suitability for their age, and the extent to which facilities were viewed by children as age appropriate:

"I used to go with my big cousins, but then they have got different age groups and they went to the big group and I was too young, so I just didn't go myself. I don't like going by myself."

Girl, 13 years, City Estate, deprived, lower income

"There is nothing to do [in the park] for young people of my age, it's all for children, the swings and the slides. They should put things for us, as well."

Girl, 14 years, City Estate, deprived, lower income

Gender did not appear as an important influence in many respects and was not a key area of focus for the study, though it did affect preferred activities and peer associations.

Supply-side issues were a key influence on young people's service use, facilitating or constraining or even forming a barrier to access. Service availability in terms of lack of or limited provision was a particular concern. This was the case across service domains, locations and age groups but was especially a concern regarding leisure facilities, particularly places for outdoor play, and for young people in deprived urban environments.

Service location emerged as a crucial issue, and was related to young people's mobility.

The overall service environment and design issues also influenced perceptions of accessibility and use.

Staff attitudes towards young people influenced young people's service perceptions and use, reflecting their views associated with their status as children.

Information adequacy and availability were key influences on service inclusion or exclusion.

Temporal factors (time of day and seasonality) also impacted on young people's willingness or ability to use services, resulting in changing patterns of use of some services, particularly those located outdoors.

Mobility importantly shaped children's use of locally based services as well as services located further afield.

Safety concerns formed a major influence on children's perceptions of services and were especially prominent for children in deprived urban neighbourhoods who described how such concerns could prevent them from accessing services:

"Sometimes you find a lot of bullies down in the park, because that is where they can get most of the smaller children, that is where younger people go, so the older people go so they can pick on us and that."

Girl, 10 years, Accessible Town, deprived, lower income

Barriers impacted on young people cumulatively, often resulting in young people's exclusion from elements of provision. For example, young people's accounts illustrated the ways in which low levels of local provision, poor public transport links and limited parental support could combine to result in very limited participation in leisure services for individual young people. Such cumulative barriers disproportionately impacted on young people from lower income households.

The importance of material resources

Service affordability was one of the most significant influences on service access and use. Cost concerns including entrance fees, travel costs, equipment or uniform costs, and refreshment costs (or a combination of these), were an issue for children generally, but were most pronounced for children from lower income households, both regarding perceptions of affordability and the implications of affordability on patterns of service use, with poverty affecting the type of services accessed and frequency of access. Delayed consumption and sporadic/erratic use of services was particularly evident regarding leisure services:

INTERVIEWER *"And how do you decide when you are going to go swimming?"*

CHILD *"When I know my mum has got enough money."*

Girl, 10 years, Remote Town/Rural, non-deprived, lower income

Children highlighted the importance of services free at point of delivery, with a number of children from lower income households indicating they rarely used services otherwise unless these were viewed as necessities (such as retail services for household shopping).

In terms of health services, affordability considerations rarely featured in the accounts of children from more or less affluent households.

Less affluent children appeared to be more aware of service costs and their implications for service use than more affluent individuals.

Public transport costs formed a barrier to service access for children from lower income families, particularly when there was a double burden of additional costs associated with the service being accessed:

"[I] like going ice-skating, but the nearest ice skating rink is in [town approximately 40 miles distance]. It costs a lot on the bus to get there and then getting in and that."

Girl, 14 years, Remote Town/Rural, deprived, lower income

Children's own homes were a further family resource which influenced service use, as this tended to influence desires or needs for services.

In addition to material resources accessed via family members, another key source of resources was through the support of extended family, peers and to a lesser extent local community networks.

The importance of neighbourhood context

Neighbourhood context emerged as an important influence on children's perceptions of local services both in terms of *neighbourhood deprivation* and *rurality*. Young people living in *relatively more deprived areas* tended to view local services in their area less favourably than in other areas:

"The only thing you can mainly do [in the park] is play football because everything else is like vandalised."

Boy, 11 years, Remote Town/Rural, deprived, higher income

There was also a greater prevalence of safety concerns related to people and places.

FIRST YOUNG PERSON *"Any good places there's fighting where you go..."*
SECOND YOUNG PERSON *"...because people are in different teams."*

Focus group, 13/14 year olds, City Estate

Retail services were also rated more negatively in more deprived areas, being associated with poor environmental conditions (such as litter) around shops, and poor quality and choice in local shops.

Leisure services in more deprived areas were associated with poorer quality and more limited choice and range.

With respect to health services, however, apart from concerns about vandalism to buildings where health services were located, young people expressed broadly similar perceptions across more and less deprived areas.

In contrast, young people from more affluent neighbourhoods associated their areas with more positive local services than those in more deprived areas. Whilst issues of concern were raised associated with safety, vandalism and litter, these were less widespread than for children growing up in more deprived areas.

Young people in *remote and rural areas* were more likely to perceive their local area to have a limited choice of services and were correspondingly more likely to highlight the need to travel further afield to access certain services, although young people's mobility, especially for those living in remote locations, then became a key issue. In particular, young people in remote and rural locations voiced concerns related to the lack of availability of some relevant health service facilities within their local area, and also viewed local retail services to be particularly limited and for goods to be potentially more expensive than those available in other urban areas.

The research findings highlight the *interaction between income poverty and neighbourhood context*, where children's access to and use of services was constrained not only by impacts associated with income poverty but also by factors associated with poverty of place.

Conclusions

Alternatives to services

Informal spaces are of particular significance to children from lower income households as an alternative to service provision. However, the potential for their access to such informal spaces is constrained.

Cumulative nature of barriers

Children growing up in lower income households tend to experience a number of concurrent barriers which together can limit or prohibit their access to use of services. The cumulative nature of barriers disproportionately impact on children living in poverty.

Self confidence

The importance of self confidence for accessing services is a particular issue that needs to be addressed for poorer children

Parents

Parents across the affluence spectrum provide support in engaging with services, though their material capacity to do so varies.

School and statutory services

School is of vital importance as a medium of access to other services and is especially significant for lower income children who may not be accessing many (or any) services through other medium.

Information

Information about services needs to be better targeted towards children and parents from lower-income households.

Transport and mobility

Proximity of services is a key factor associated with accessibility. Young people in households which lack access to private transport are particularly constrained in relation to their mobility and subsequently their access to services. The lack of good public transport links can further constrain already limited mobility.

Affordability

Concerns about affordability of services extend beyond direct charges for service use such as entrance or membership fees. Indirect costs include those involved in travel to and from a service or in paying for associated equipment or refreshments. This can form a double burden which is particularly detrimental for young people from lower income households.

Financial awareness

There is a high level of financial awareness amongst children, particularly those from lower income households, that can lead to children withholding requests to participate or not informing their parents about services with cost implications.

Missed opportunities

The cumulative impact of many missed opportunities to access services can translate into reduced opportunities to develop friendships or learn new skills.

Safety

Safety issues were more predominant concerns for children growing up in deprived urban areas, therefore disproportionately impacting on service use for children from lower income households.

Transformative services

Services that are transformative, in that they enable young people from lower income households to experience a range of other activities and services, are essential components of service provision.

Neighbourhood context

Neighbourhood context is an important factor influencing children's experiences of services.

Interaction of income poverty and poverty of place

Income effects can combine with factors associated with poverty of place to negatively impact on children's experiences of services.

CHAPTER 1

INTRODUCTION TO THE STUDY

1.1 AIMS OF THE STUDY

The research described in this report arose from the identification of a gap in knowledge as regards children's experiences of poverty. It was recognised that much quantitative empirical work and many official statistics had been produced documenting the extent and distribution of childhood poverty within the UK and sometimes comparatively (Bradshaw, 2002a; 2002b; Kemp et al, 2002), so there was no need to replicate this. Instead it was decided to conduct qualitative research, which would build on the few studies that had explored children's own accounts of poverty (Middleton et al, 1994; Ridge, 2002). The present project would concentrate on children's perspectives in relation to services, with an emphasis on the effect of poverty on children's access to, perceptions of and use of services.

A number of evaluations incorporating children's perspectives had previously taken place of particular kinds of services, notably health, education and social work, or of the needs and service use of particular groups of children like disabled and looked after children (Hill and Tisdall, 1997; Hallett and Prout, 2003). However little or no academic research had been undertaken about the ways in which children across all groups engaged with services in the contexts of their everyday lives. In particular little evidence was available about how poverty affects the processes of service use by children or influences on non-use.

The research team wished to consider generic issues affecting a wide range of services, so that commonalities and contrasts could be highlighted that would be missed in research on individual services. Provision would be considered that was either targeted at children or served both adults and children. It was expected that the main focus would be on services that were wholly or partly funded by central or local government, including voluntary sector provision. However, there was an openness to considering private sector services and to being guided by research participants with regard to which services they thought should be paid particular attention.



For this research, poverty was meant to refer to both financial and neighbourhood disadvantage. Therefore the study would take account of both family monetary resources and the quality of the local physical and social environment in examining the impact of poverty. It was recognised that such poverty is both associated with poor access to services and in turn reinforced by this - the phenomenon of 'service exclusion' (Gordon et al, 2000) - though it remained to be seen how applicable this was to children. Furthermore, it was important also to include a component that would allow for comparison with children living in more favoured circumstances. This would enable the research to consider which issues of service access and use were largely or wholly linked to poverty, but equally to identify matters of service inclusion and exclusion that applied to children regardless of household circumstances or place of residence. An important secondary objective was to consider how the urban-rural spectrum of children's residential locations affected service use.

To provide a sharper focus, an early decision was reached to cover the mid years of childhood rather than the whole age range from infancy upwards. In some ways middle childhood can be seen as a quintessential period of childhood as an independent domain, because younger children are more within the orbit of parents and families, while older ones are moving into early adulthood. This is also a phase when young people generally start to negotiate with services independently of parents. In the past, research attention has tended to concentrate on the early years because of its presumed developmental significance and on adolescence as a result of its presumed rapid changes and associated 'problems' (Borland et al, 1998). However, during the last fifteen years childhood studies within sociology, geography and other disciplines have largely concentrated on the middle years (Christensen and James, 2000; Holloway and Valentine, 2000). We shall use both the terms 'children' and 'young people' when referring to people in this life phase, while recognising that the latter expression becomes increasingly applicable and acceptable to those concerned as they grow older.

The location of the research partners resulted in the study being carried out in Scotland, though given the similarities of many relevant circumstances and service delivery throughout the UK the findings should be largely generalisable across the whole country and indeed beyond. The close proximity to the research base of urban conglomerations, smaller towns and rural areas allowed for a diversity of contexts to be covered.

The study was not primarily about devolution or its impact, but this was inevitably an important background consideration since many children's services and policies within the UK are to differing degrees devolved to the four jurisdictions of England, Northern Ireland, Scotland and Wales. Before the re-creation of the Scottish Parliament in 1999, legislation covering most services directed at children or including them as users was separate for Scotland, but dealt with by the UK parliament at Westminster. Since devolution, not only has law-making and policy-development taken place in Scotland itself, but also there has been scope and time for more legislation and for more extensive consultation with the public

and relevant organisations (Tisdall and Davis, 2004). It should be recognised that a number of policy areas affecting poverty or children's lives are 'reserved', i.e. dealt with by Westminster on a UK basis. They include taxation, social security and immigration. Also some devolved social policy areas are closely related (e.g. health). The most divergent have been education and social welfare.

The remainder of this introductory chapter examines certain key developments in the policy and practice environment impinging on the study. These are:

- poverty and social exclusion;
- the emergence of children's policy;
- the encouragement of integrated services;
- children's participation and views.

They all informed the preparations for the study and contributed to its timeliness. The last two are in some ways part of and derivative of broader children's policy, but are separated out here because of their particular significance for the study.

1.2 POVERTY AND SOCIAL EXCLUSION

Poverty has been an important concern of governments since at least the establishment of the Poor Laws (in England during the early 17th Century) and was a crucial factor in the Beveridge Report and creation of the British Welfare State in the 1940s. During the 1980s and 1990s, little priority was given to reducing poverty and it was suggested that even the word itself was unwelcome to some in government. The New Labour Government from 1997 onwards re-introduced the eradication of poverty as central element of policy goals, but also sought to shift its conceptualisation by preferring the term 'social exclusion' in many contexts.

Social exclusion is a complex notion which has been interpreted in various ways, but essentially embodies the interplay between financial hardship and social-spatial processes (Percy-Smith, 2000; Pierson, 2002; Hill et al, 2004). Tony Blair stated that social exclusion embraced inter-linked problems such as unemployment, low income, poor housing, high crime environment and family breakdown (Nolan, 2003). A further implication is that inadequate material resources make it very difficult for individuals or families to participate in the patterns of consumption and social interaction considered normal in the society to which they belong. In that respect social exclusion has some kinship with the concept of relative poverty as described by Townsend (1979). Stigma is a common consequence of being excluded from 'normal' expectations and activities (Room, 1995; Ridge, 2002; 2006).

Signifying the importance attached to this policy area, one of the earliest innovations of the 1997 Government was to set up a Social Exclusion Unit to co-ordinate measures to combat social exclusion. The Unit has stressed the need to consult with community members and, where possible, involve them in the design and delivery of services (Social Exclusion Unit (SEU), 2001). Interestingly, when the Scottish Executive established a similar institution it was named the Social Inclusion Unit, intended to express a more positive approach of including people rather than

not excluding them. In Scotland a number of area-based Social Inclusion Partnerships were funded. By contrast with earlier area-based anti-poverty policies, some of these were targeted at specific population groups or issues (like anti-racism in Glasgow), with each partnership having a different focus including a number which have concentrated on children or young people (Macpherson, 2006). Area-based projects have been evident across the UK within other policy areas, such as education and health action zones in England (Burton et al, 2004).

One area in which the UK Government has retained the word poverty is in relation to children. Indeed pledges have been made by both the Prime Minister and Chancellor of the Exchequer to end child poverty by about 2020 (Walker, 1999; Ridge, 2002). The main means of tackling child poverty has been fiscal, including increases in child benefit and changes to family tax credits, or employment focused, encouraging parents and young adults to move from benefits to paid work. The evidence suggests that reducing child poverty is a huge challenge, but progress is being made as regards the number affected. Bradshaw (2002a) concluded from a systematic survey of UK data and international comparisons that 'the relative child poverty rate more than trebled in the 1980s and in the 1990s there was no reduction. However, welcome evidence of a decline in child poverty in Britain is just beginning to emerge (p. 15), as a Scottish review also concluded (Palmer et al, 2006). He cautioned that large variations are still apparent and that 'the risks of child poverty are heavily concentrated in certain types of household' (p. 15).

Considerations of both poverty and social exclusion have tended to have financial resources at their heart. However it is recognised that there are other forms and causes of poverty. Of particular relevance to this report is the notion of neighbourhood poverty. It has long been recognised that there is a strong connection between income and asset poverty on the one hand and living in a deprived area on the other (Ghate and Hazel, 2002). Despite the heavy concentrations of financially poor people living in disadvantaged areas, it is important to remember that many poor people live outside these areas, while some who are quite well off live in less favoured neighbourhoods. Furthermore, poverty in the UK is often seen as a primarily urban problem, but of course rural poverty is a significant problem too with its own dimensions, including fewer compensatory services and initiatives (Jack and Gill, 2003).

1.3 THE EMERGENCE OF CHILDREN'S POLICY

While some of the services that are open to children to use have tackling poverty or social exclusion as a primary or secondary purpose, many do not. It is therefore important to consider wider children's policy and services.

It has long been recognised that society as a whole has a responsibility towards children, although this is complemented by recognition of parental rights and responsibilities, and by respect for privacy in family life (Fox Harding, 1996; Wasoff and Dey, 2000). The rationale for this is based on several principles, including the following (Archard, 2003; O'Neill, 1994; Hendrick, 2005):

- General solidarity requiring a commitment that the basic needs of all members of the relevant society should be met;
- The concept of *parens patriae* - the community has a special duty to protect and safeguard the welfare of children on account of their vulnerability and initial inability to fend for themselves;
- Investment in the future – acknowledgement that children with adequate health and well-being are vital for the continuation of society itself, while children's knowledge and skills are critical with regard to national economic prospects;
- Children's rights and contributions as current members of society;
- Redistribution of risk-alleviation across the life course – the idea that children gain in the here and now from public provision as well as private care, but will contribute later as adults to meeting the financial and social care needs of others;
- Prevention of social problems like youth crime and child abuse, with the potential of saving expenditure on responses to these later.

Such collective responsibility may be exercised through the state in various ways, including legislation, financial transfers (e.g. child benefit) and fiscal measures (e.g. tax allowances for children). A central mechanism is the provision of services, either directly by central and local government agencies or by means of charitable, self-help or commercial organisations. For the above reasons, it is generally seen as helpful for children to have access to a range of services that promote their welfare, education, recreation and so on. Of course the use of particular services may not be beneficial for some or indeed many children.

Until recently, it was hard to identify a separate children's policy domain, not only in the UK but also in other jurisdictions (Wasoff and Hill, 2002). Younger children in particular have tended to be dealt with as part of family policy at national and EU levels in Europe (Hantrais, 1995; Hill, 1995). Otherwise children have figured to varying degrees of prominence as targets of thematic rather than life stage related social policies, notably education, but also health, social security and housing. Until very recently, UK legislation with the word 'Children' in the title usually referred to a small section of the child population, particularly those who are now labelled as 'looked after' or 'in need'.

In the last ten years, however, policy related to children has been more clearly separated out from others and has embraced all children as well as particular groups. In England a Children and Young People's Unit was created within the Department for Education and Skills to signify that this is a distinctive part of the population requiring dedicated policy attention. It has responsibility for policy co-ordination and for running the Children's Fund (Bradshaw, 2002a). Similarly the Scottish Executive has a Children and Young People's Unit and introduced a Changing Children's Services Fund.

In Scotland, priority to children was recognised in the production and revision of a child strategy statement in 1998, whereby all departments of the Executive were required to take account of the potential impact of their policies on children. Following precedents elsewhere in Europe (Hill, 1995) a Children's Minister was appointed in both England and Scotland. Wales was the first part of the UK to

appoint a Children's Commissioner in line with the longer tradition in Scandinavia and elsewhere on the continent. Soon the other three UK jurisdictions and a few cities including London followed suit and the office of Scottish Commissioner for Children and Young People was created in 2004. The Scottish Executive has issued a mission statement embodying its aspirations for all Scotland's children.

Within broader policy domains, children have been prominent, sometimes out of concern for their current well-being, though also prompted by interest in them as future citizens or anxiety about threats they are seen to pose to the (adult) community. A key education target has been to ensure that every 19-year old is engaged in education, training or work (Scottish Executive, 1999: p 10). Early intervention has been an important theme of family support, health and youth crime policies (e.g. SureStart, healthy life-style and teenage pregnancy initiatives). Within health policy, inequality between various groups and areas has been a major feature (Health Scotland, 2005).

As with services more generally, the delivery of 'public' children's services has been affected by Government's encouragement of voluntary sector provision. The previous Conservative government favoured voluntary and private provision as an alternative to state services. The trend has been continued in a different form by New Labour's modernisation and 'Best Value' agendas, whereby services supported by public funding should be provided in ways that offer value for money and satisfy quality standards (Lowndes et al, 1998; Foley and Martin, 2000).

1.4 THE ENCOURAGEMENT OF INTEGRATED SERVICES

Inevitably, particular services have aims and functions with regard to only part of human needs or wants and frequently only part of the age range too. Such specialisation has advantages including expertise and clarity of purpose. However, especially in relation to welfare-related services, there can also be problems about overlap, duplication and lack of co-operation. Recurrent pleas for greater and better collaboration between services have been made for many years by a variety of stakeholders, perhaps most vocally with respect to child protection, where the consequences of poor or absent collaboration may be literally fatal (Munro, 2002). There are of course major individual, social, professional and organisational reasons why working together is difficult (Hallett and Birchall, 1992; Warin, 2007), while evidence about the effectiveness of co-operation is sparse or ambivalent (see e.g. Stead, Lloyd and Kendrick, 2004).

The last decade has witnessed renewed calls by central and devolved government for better 'joined up' working among children's agencies and staff. A number of policy 'levers' have been applied, such as the requirement for integrated children's services plans to be based on input and commitment from not only different local authority departments but other agencies such as health services, the police and voluntary organisations. Certain funding streams have made applications contingent on inter-agency co-operation. Community schools and learning communities have been developed as a means of facilitating access to a range of services in and from school (Sammons et al, 2002). Health services have been encouraged to work

closely with other agencies, while local authorities have been asked to make health improvement a corporate goal (Health Scotland, 2005).

Some local authorities moved to create unified children's departments, particularly combining education and child care services. Prompted by the Laming Report, England has moved to a legal requirement for integrated services in all areas, responsible to a single Director of Children's Services (Pugh, 2005). Scottish policy has remained more permissive, but integrated services are promoted by the Executive. Across the UK, steps are being taken towards better sharing of information, with the ultimate aim of fully integrated on-line information and assessment systems (Ward and Rose, 2002).

One consequence of integrating children's services is that barriers may be created or strengthened between them and adult services or services covering all ages, like housing. This can lead to problems as children make the transition to adulthood and also lead to divisions between children's needs and adult-focused work with parents (e.g. as regards mental health and drug misuse problems).

1.5 CHILDREN'S PARTICIPATION AND VIEWS

As noted above, recent years have seen a renewed emphasis on service user involvement in policy development and implementation. Often users and consumers have been identified exclusively as adults, but increasing recognition has been given by both central and local government that children are both able and entitled to be consulted. Voluntary agencies, including Save the Children, have played a key role in advocating for children's participation, pioneering innovative means for doing so and assisting government bodies to involve children (Kirby and Bryson, 2002). The growing commitment to include children has been paralleled by, and in part influenced by, increased recognition of children's rights and academic shifts in thinking towards greater acknowledgement of children's as currently active 'beings' rather than as passive future 'becomings' (Qvortrup et al, 1994; Tisdall et al, 2006).

Many children and young people have responded positively to greater opportunities to air their views via mechanisms such as school and youth councils. Yet participants have often voiced disappointment about their lack of effectiveness, while non-participants may resent the lack of fairness in representation (Kirby and Bryson, 2002; Stafford et al, 2003). Many projects involving young people have involved top-down consultation by adults, which some have regarded as tokenistic and often short-term (Sinclair, 2004). Examples of sustained input by children and young people into service improvement are relatively rare (Cairns, 2006). Also, conventional models like that of a parliament are not necessarily attractive to many young people.

Most of the literature on children's participation is about opportunities for them to express their views and influence policies and services. Attention to participation in the sense of their actual use of services has tended to be incidental. Prout et al (2006) have suggested a framework for linking evidence about adult consumer participation and moves to increase children's participation. They note that from

an individual perspective, likelihood of participation is increased by knowledge and perceptions of personal benefits, along with habitual practice. Disincentives to participate include expenditure incurred (financial or otherwise), opportunity costs and satiation. Hence a variety of resources, including money, time, skills and confidence, impinge on patterns of participation, which are all relevant to consideration of children's use of services. Naturally service providers' hopes and expectations about the benefits from participation may diverge from those of service users.

Not only was the study discussed in this report to be partly about children's participation: it would also incorporate a significant element of children's participation in the research process, in keeping with the previous work of the partners (e.g. Save the Children, 2001; Hill et al, 1996; Stafford et al, 2003). Thus children would be the main informants and a young people's advisory group would assist with the design.

1.6 THE REST OF THIS REPORT

This chapter began by outlining the rationale and broad nature of the study to be described in the main body of the report. The primary focus was to be on exploration of the effect of poverty on children's access to, perceptions of and use of services. The study was planned to embrace different urban and rural areas. It would have a comparative component to illuminate which aspects of children's perspectives on services were largely confined to living with disadvantage and which were shared more widely. The second part of the chapter reviewed briefly relevant policy developments.

In the next chapter, other research related to poverty, children and service use will be discussed. This will be followed by an outline of the research design. Then details are provided about the areas in which the research took place and service providers' views about children's access to services.

The main part of the report is devoted to data provided by children themselves. Firstly issues are presented that applied in one way or another to all children, while later chapters focus on the impact of poverty. This section of the report begins with an account in Chapter 6 of the meaning and salience of services in general and of different kinds of service in children's lives. That is followed by a chapter on a strong theme to emerge from the study, namely that knowledge of services and the willingness and capacity to use them is crucially mediated by key members of children's social networks, especially parents and peers. On the whole this was the case regardless of socio-economic circumstances, though the form of such mediation did sometimes differ according to household and area. Chapter 8 reviews the factors and processes that influenced or constrained children's exercise of agency when deciding whether to begin or continue using individual services. Chapters 9 and 10 cover respectively the consequences of household material resources for service use and neighbourhood effects. These chapters illustrate how both the financial and neighbourhood dimensions of poverty interact with the family and social relationship processes discussed in Chapter 7.

Key findings and implications are discussed in the concluding chapter 11.

LITERATURE REVIEW



2.1 INTRODUCTION

This research aims to examine children and young people's access to, use of and perspectives on services. In particular, there is a concern to explore the impacts of poverty in this regard. Within the broader literature on poverty and social exclusion, there has been a growing awareness of the ways that poverty is both associated with poor access to services and in turn reinforced by this – the phenomenon of 'service exclusion' (Gordon et al, 2000). On the policy side, there has been an intense focus on the role of publicly-funded services in particular in combating poverty and social exclusion, especially in England (Social Exclusion Unit, 2004; 2005). The specific problems faced by children and young people have not received as much attention. A primary aim of this study, therefore, is to examine the different ways in which poverty impacts on children and young people's access to services, and their perceptions and use of those services. Children living in poverty certainly seem to place a particularly strong emphasis on the social or relational aspects of poverty: "according to children's narratives, the costs of poverty are not only material but also profoundly social" (Attree, 2006: p54). For children, poverty can be a particular barrier to the formation of friendships or to social inclusion and this may stem in part from not being able to participate in activities or consumer services that others take for granted.

Many of the negative impacts of child poverty have been well documented by previous research. There are immediate impacts on access to material goods, social activities, quality of housing and physical environment, as well as on wider well-being (Shropshire and Middleton, 1999; Middleton et al, 1994; Ridge, 2002; Adelman et al, 2003). Living in poverty puts stress on adult relationships with direct impacts on children's welfare (Conger et al, 1994; Ghate and Hazel, 2002; Straus and Smith, 1995). Parenting skills and parent-child relationships tend to be adversely affected (McLeod and Shanahan, 1993; Conger et al., 1994; Stone, 1996). Longer-term, there are negative consequences for health, educational attainment, employment prospects and, consequently, risks of poverty in adulthood. Children may also modify their attitudes or aspirations in response to their

experience of poverty (Shropshire and Middleton, 1999; Attree, 2006). There has however been relatively little research on access to services. The work that has been done has tended to focus on one specific service area and to identify problems in relation to that service. It is this gap that the present study aims to fill.

The services used by children are taken here to include:

- health;
- education;
- police and legal services;
- information and advice services;
- financial services;
- leisure, recreation or entertainment, and retail services; and
- communications services.

The list covers services which are predominantly provided by the public sector, those which are publicly funded but provided by a range of organisations (public, voluntary or private) and those predominantly funded and provided by the private sector. For present purposes, transport has been mainly regarded as a means of access to other services rather than a service in its own right.

In this study, there is an emphasis on the agency of children and adults, as well as due recognition of the structures and situations that constrain or influence them. Research on poverty has shown that many parents try to limit the impacts of household poverty on their children (Middleton et al, 1997) although many children appear well-aware of the financial situation of their household and others (Weinger, 2000; Dickinson, 1990). Children also demonstrate agency, for example by reducing demands for items or activities and so sheltering their parents from the impacts that poverty has on them (Shropshire and Middleton, 1999). As Bradshaw (1999: p7) notes, “young people are not just victims of their circumstances but resilient actors in their own right”.

The section starts by describing the general problem of ‘service exclusion’ for those on low incomes and its causes. It then goes on to explore how the situation for children and young people may differ.

2.2 POVERTY AND ‘SERVICE EXCLUSION’

By definition, access to private services is based on ability to pay so that poorer groups and poorer areas have less access to services, lower quality services and less choice. Public services are supposed to be different. Since the inception of the welfare state in the 1940s, public services have been organised on a national basis with a redistributive ethos – to provide services on a universal basis or with access based on needs rather than ability to pay. It is clear that they make a major contribution to improving the living standards of those on lower incomes, alongside taxes and cash benefits. On one Government estimate, they are now worth the equivalent of half the ‘real’ income of households in the bottom quintile of the income distribution, compared with 8 per cent for those in the top quintile

(Jones, 2006). Sefton (2002) shows that the redistributive impact of services has been rising over time, albeit slowly. In spite of this, there continues to be intense debate over whether those on lower incomes have worse access to services and poorer quality than those who are better off. The question is not whether some redistribution occurs, it is whether there is sufficient redistribution.

In examining this question, a useful distinction can be made between issues arising from the *spatial* distribution of services and those arising from the *individual* distribution. It should be stressed, however, that there is no simple distinction between the two. Individuals with higher mobility (especially through car ownership) will generally be able to use the services from a wider area than those without. Similarly, those with higher incomes are better able to access housing in areas with good services or to purchase alternative services through the private sector.

Spatial distribution

There is an extensive literature on ‘territorial injustice’ or the ways in which where people live may result in social injustice. The literature on public services, and on the unequal access to these services, forms part of this. Many public services are supplied or consumed through fixed centres or local spaces: schools, GP practices, policing, or parks and open spaces, for example. Injustices can arise through a two-way interaction between the distribution of services and the distribution of different social groups. On the one hand, more affluent groups are better able to live in or access areas with better quality public services or amenities. These areas tend to have higher house prices (reflecting in part the quality of local services or amenities), limiting access for those on lower incomes. By analysing variations in house prices, Cheshire and Sheppard (2004: p21) estimate that “moving from the worst to the best possible secondary school [in Reading] would increase the value of the average house by £23,763 (or 18.7 % of the value of a mean house)”.

On the other hand, having a higher-income population may lead to an area receiving better public services. In theory, formal resource distribution processes within the public sector aim to ensure either equal levels of resource for all areas or higher levels of resources to areas with higher needs or costs (Boyne and Powell, 1991). Moreover, many specialist initiatives are targeted mainly or wholly on disadvantaged areas. In practice, a variety of factors mean that deprived areas may get fewer resources than more affluent or, more commonly, that the levels of resources may be greater but still insufficient to compensate for higher levels of need or higher costs of producing services in more deprived areas.

In a major study by Bramley et al (2005), most public services examined showed a higher level of expenditure in deprived areas but the extent to which resources were skewed varied between services. Some services, like primary health services (GPs and so on), might have been expected to show a strong skewing to deprived areas since access to these services is determined by health needs and these tend to be higher in more deprived areas. In spite of that, primary health services showed only ‘slight’ skewing. On the other hand, some services showed more skewing than might have been expected. Primary schools are a universal service since every child

has a right (indeed, is required) to attend so we might expect expenditure to reflect the number of children in each area. In spite of this, primary schools showed 'moderate' levels of skewing towards deprived areas.

One factor limiting efforts to skew resources further is the ability of more affluent groups to represent their interests to decision makers or service providers. Those in charge of local resource distributions may fear the political consequences of more overt redistribution - although, as Bramley et al (2005) show, the extent of skewing varies between local authorities indicating that local policy can have an impact. Service managers and operatives may also undermine redistribution by providing a higher standard of service to more affluent areas to minimise the risk of complaints, as Hastings (2007) documents in relation to environmental services.

Even if expenditure is skewed to more deprived areas, this does not guarantee equal levels or quality of service. First, needs or demands on services may be greater in more deprived areas. With health, there are substantially higher health needs in more deprived areas yet they have the same number of GPs per head of population to deal with this (Mackay et al, 2005). Environmental services face greater pressures in more deprived areas reflecting a combination of social and physical factors (Hastings, 2007). Second, the context may be more demanding, resulting in higher costs to achieve the same level of service. In secondary schools, teachers may spend more of their time in maintaining order in the classroom rather than teaching, and they can be drawn into a much larger pastoral role (Lupton, 2004). The emotionally-draining nature of this work can fuel staff turnover, resulting in additional recruitment costs and demands on management time (Power et al, 2002). In health, the Social Exclusion Unit (SEU) (2000) quotes research that showed that GPs wanted an extra £5000 to work in deprived areas. Mackay et al (2005) showed that GP practices serving more deprived areas are more likely to have younger, less experienced GPs and to have lower scores on a number of indicators linked to practice quality, indicating that Tudor-Hart's (1971) 'inverse care law' continues to apply. As Watt (2002) notes, the welfare state has failed to provide incentives to make working in more deprived areas attractive to the most able staff.

Specialist services funded in addition to mainstream services may go some way to redress spatial inequalities. Additional resources have been provided for the most deprived neighbourhoods for over thirty years under the Urban Programme and a wide range of other area-based initiatives. Some of these have had a sectoral focus (Health Action Zones, for example) but others have focussed on specific groups, including children (Sure Start, for example). Others again may have a broad remit for 'regeneration' under which heading resources may be used for a range of activities intended to benefit young people. These initiatives have been criticised for their small scale and short-term funding which can do little to address deep-seated and complex social problems. In addition, the additional resources provided under special initiatives may reduce pressure to divert mainstream resources more effectively to areas of greatest needs. In recent years, Government strategies for deprived areas have therefore placed greater emphasis on 'bending' expenditure on mainstream services (SEU, 2001; Scottish Executive, 2002a).

Individual distribution

On the individual side, a range of factors may limit access to services, reduce the quality of service received or lead to individuals not using a service at all. These can be grouped into three sets of factors, relating to: knowledge and attitudes; resources; and 'voice'. The last of these refers to an individual's ability to represent their interests in their dealings with service providers or to successfully negotiate the systems involved. The identification of these as problems *for* individuals should not lead us to see them as problems *of* the individual. Problems of lack of knowledge about services can equally be seen as problems about publicising services. The failure of an individual to articulate a case for better treatment may reflect problems with the design or delivery of that service, rather than a failing in the individual. All three factors can lead to service exclusion and all may be seen as sources of injustice.

One set of barriers concerns knowledge about and attitudes to problems or needs, as well as to the services on offer. Lack of awareness of problems or a view that nothing can be done about them may lead to reduced uptake of services. For example, Dixon et al (2003) review a number of studies on health, showing that patients from deprived areas were more likely to delay seeking care, or to play down or self-manage symptoms, in part because they were not aware of treatment possibilities but also because they had a more fatalistic view of their health in general. Lupton (2004) highlights how parental attitudes to education influences children's attitudes to school and hence the environment for teaching and learning in schools. Similarly, lack of awareness of service availability or negative attitudes towards them may reduce demands and use. People from more deprived areas are more likely to report negative experiences of health care and have lower expectations, which contributes to lower use of those services (Dixon et al, 2003). In small rural communities, many people feel that their activities are more 'visible' or open to scrutiny by others so they may be reluctant to use some kinds of service where there is a stigma attached to them (e.g. services for drug or alcohol abuse) because they fear being socially marginalised in consequence (Scottish Executive, 2002b).

While many public services are provided free or with heavily-subsidised charges, there may nevertheless be significant barriers to accessing these services for those on low incomes due to the costs involved, both financial and time. One aspect that has been receiving significant attention has been problems of transport. Many services are difficult or expensive to reach for those reliant on public transport and this reduces access (SEU, 2003). In relation to health services at least, it appears that it is lack of a car rather than the actual distance that is most important (Dixon et al, 2003). Constraints from work and other responsibilities (like caring) are also important. Those employed in manual occupations tend to find it more difficult to get time off work than non-manual workers (Dixon et al, 2003). Some people may need additional services in order to be able to access a given service. Lone parents in particular find childcare a significant barrier to services, including leisure and education.

Accessing or negotiating services can be a complex task and there is widespread evidence that better educated, higher income groups are more adept at this. In the discussion of spatial inequalities above, the ability of residents in more affluent areas to complain effectively is one of the factors that leads to them securing more than their share of services. The concept of 'voice' also covers the role that consumers have in the production of certain services. With health, for example, the ability of the patient to articulate and explain their symptoms to the doctor can aid diagnosis of problems while the ability to understand information provided may aid treatment. As a result, while lower income groups have good access to primary health services, they have lower referral rates for secondary and tertiary services (Dixon et al, 2003).

2.3 CHILDREN AND 'SERVICE EXCLUSION'

As with adults, access to services for children may both reflect problems of poverty and reinforce them. With children, however, the future implications may be even greater since they are at an earlier stage in their overall development. This is not to deny the importance of viewing children as citizens and consumers here and now, nor to put the emphasis solely on their future role in society. Rather it is a reminder that the complex reinforcing or feedback effects that may flow from being denied access to services are likely to be at least as important for children and young people as they are for adults.

Children make choices over which services to use just as adults do and their choices are likely to be conditioned by many of the same factors that adults face. In addition, however, their choices are likely to be further constrained by their situation as children or young people. In relation to spatial distribution issues, young people tend to be less mobile geographically, especially those living in low-income households. In relation to individual distribution issues, young people are dependent in a number of respects on adults, especially parents.

Service usage and preference

For most children, schools are the main public service accessed and are especially important in determining future opportunities. Many children can suffer from complete or partial exclusion from the service: through suspension or expulsion; through problems at school discouraging attendance (bullying or being accused of bullying); or through lack of resources to meet the 'hidden costs' of consumption, such as money for trips, uniforms, swimming lessons or school funds (Adelman et al, 2003; Brunwin et al, 2004). The experience of bullying and school suspension is more likely to affect poor children (Adelman et al, 2003). Children and young people are also high consumers of health services with children under the age of 4 using more GP services than any other age group under 75 (Bennett et al, 1996). In a national survey, around fifteen per cent of 11-15 year olds reported a contact with a GP in the last two weeks (Cooper et al, 1999). Those from low-income households have particularly high usage (Cooper et al, 1999). Children and young people who offend or are victims of crime come into contact with police and legal services and, again, contact is higher for those in lower-income households (Coles and Maile, 2002; McDougall, 2005).

In relation to leisure, both structured activities (usually organised by adults around social and behavioural goals) and unstructured activities may involve the consumption of services: formal leisure and recreation services, retail services, environmental services or transport services, for example. Children and young people value facilities for play, leisure and entertainment, and also safe, age-appropriate spaces such as parks, open space, or shopping centres in which to just socialise (O'Brien et al, 2000; Matthews and Limb, 1999). However, the quality of services available are likely to vary in different locations and between urban and rural areas (Scottish Executive, 2002b). A common complaint among both children and adults, and in both urban and rural areas, is a lack of suitable facilities for children and young people, particularly for recreation and meeting up (Middleton et al, 1994).

The role of neighbourhood

The places that children spend their social time in have been undergoing profound change, with less time spent unsupervised outdoors and more spent either at home or in supervised, often commercialised environments – sports centres, swimming pools, children's theme parks, soft-play centres or shops with play zones (McKendrick et al, 2000). The main reasons cited for children's reduced independence in accessing facilities and spending time outdoors are increased traffic and the fear of abuse or abduction – 'stranger danger' (Davis and Jones, 1997; Hillman et al, 1990; Valentine, 1997; Valentine and McKendrick, 1997). Parents in deprived neighbourhoods also cite an additional concern about the threat posed by other young people (Borland et al, 2001).

While the use of the neighbourhood for play may have been declining, it remains an important site for young people's recreation and socialising (Soja, 1996). Children are therefore likely to be particularly affected by the quality of the neighbourhood environment. This is something that varies strongly between more or less deprived areas. Children in cities are also facing increasing constraint on outdoor and independent play (Elsley, 2002). Some previously public spaces such as shopping centres are increasingly 'privatised' as access and use is controlled by the owners and enforced by private security staff. At the same time, young people in rural communities may perceive a lack of genuinely public space and find it difficult to escape adult supervision, though others feel able to roam within a web of trusted adult surveillance (Davis and Ridge, 1997; Valentine, 2000; Ross, 2002). As a result of limited personal resources and limited mobility, the neighbourhood can be an important resource for young people. While adults can withdraw to several places connected with work, membership and residence, for many young people the neighbourhood may be the only space where they can have autonomy to socialise and play as they want. This can lead to groups of young people attempting to control access to a given space and prevent other young people from using it. Young people have previously identified this kind of territoriality as an important constraint on their activities, limiting where they can go and the services they can use (Turner et al, 2006; Hill et al, 2006).

The role of parents and other adults

Parents' influence may be considered using the three categories discussed earlier, i.e. knowledge and understanding of needs as well as services; financial or other practical resources; and support or advocacy when using services. Taking the concept of co-production of services between provider and consumer, parents and other adults may be seen as part of the production of a given service along with their children.

Parents have a direct influence through the selection or vetting of activities that children engage in. Children are not often encouraged to make independent decisions about how they manage their everyday time at home or at school (Christensen and James, 2000). Several studies have indicated that parental support and encouragement are associated with children's initial enrolment in extracurricular activities (Anderson et al, 2003). The amount of children's extracurricular involvement was also found to relate to children's socio-economic status, calculated on the basis of mother's level of education (Anderson et al, 2003). In other situations, despite the provision of adequate services, parents may decide not to encourage children to use the services, as services do not meet the criteria sought by them (Outley and Floyd, 2002).

There is little evidence available on how service providers mediate children's access to services, especially in terms of attracting children to use services, though children themselves have often described the critical importance of respect and encouragement or the opposite (Sinclair, 2004). It seems that their efforts tend to concentrate on providing the service to children and young people who have made the decision to use that service or have the information about the service already. Many agencies have devised strategies and techniques for informing potential users about their services and encouraging the involvement of 'hard to reach' populations (see Chapter 5 for evidence from the present study about that), though few formal descriptions or evaluations exist (Atkinson and John, 2001). Furthermore, barriers are in some cases generated by services through the enforcement of rules of access. Restrictions related to age, gender, cost and adult supervision are likely to affect children and young people's use.

Low household income or resources have direct impacts on children's personal consumption including their consumption of a variety of services (Gordon et al, 2000). Children's consumption is directly linked to the household's, in some cases; household poverty reduces use of gas, water, electricity and telephones, for example. Children from lower income households attend fewer clubs or classes, are less likely to go to swimming lessons or do sport regularly (Butler, 2003; Lareau, 2000; Livingstone, 2002). For younger children, the capacity of parents to provide resources of cash for fees and travel, or to chauffeur children to and from activities, depends on income and assets. Children and young people in poor families are also affected by the digital divide (Adeya, 2002). As children make increasing use of telecommunications technologies to socialise (mobile phones, web-based chat rooms and emails), poorer children face new sources of exclusion. They are more likely to be disconnected from the networks that develop through technological

mediation and from the conversations that surround this. For those living in neighbourhoods where personal safety is an issue, virtual communication may be an alternative means to sociability making deprivation in this respect doubly disadvantaging.

There appears to be little direct evidence specifically on the role of parents as advocates or supporters of children in their negotiation of most services or in the co-production of those services. An exception is health care, where several studies have shown that parents (mainly mothers) usually support and manage consultations with doctors (Brannen et al, 1996). One can assume that the disadvantages that adults from disadvantaged areas face would also affect their children.

The role of peers

Positive relationships with friends are of great importance to children. As well as being important in themselves, they are a source of social capital, of security and of identity. There is evidence that poverty can hinder the development of these relationships. Some of the signifiers of poverty (free school meals and second-hand clothing) are stigmatised while poverty itself leads to lower mobility, lack of private space and a lack of resources, all diminishing the capacity to participate in joint activities (Ridge, 2002). Overall, however, the role of peers in relation to accessing services is not well understood.

Consultation and engagement

Social inclusion is fundamentally concerned with social participation (Tisdall et al, 2006) and this includes participation in the kinds of consultation exercise now frequently conducted with consumers to help monitor and develop public services. In the past, children and young people were frequently ignored in this regard although that is now beginning to change, driven both by pragmatic, operational reasons and by the fundamental rights of children and young people promoted by the UN Convention on the Rights of the Child (UNHCHR, 1989, ratified by UK in 1991). The process of engagement may have a number of benefits for those involved. For children, it may make them more involved in the wider community, more responsible citizens and better positioned to be active co-producers of their childhood (Kirby and Bryson, 2002). Young people living in disadvantaged areas have been found to develop more positive attitudes towards their area, their peers and adults after involvement in consultation (Kirby, 2001). Poverty can act as a barrier to this participation and agencies often recognise that poor children are not included in local decision-making (Elsley, 2002; 2004). A variety of forms of support are required to overcome these disadvantages: with travelling and other costs; in developing the confidence to discuss sensitive issues or to discuss issues with others in similar circumstances rather than on an individual basis; and to deal with other aspects of their life that make participation difficult (Bennett and Roberts, 2004). Hill et al (2004) however make the point that probably the most important barrier to children's exclusion from participation comprises adults' perceptions of children's capacities and their self-interest in maintaining their position in respect to children and young people.

2.4 CONCLUSIONS

This brief review of the literature has sought to develop a framework for thinking about 'service exclusion' in relation to children and young people. It highlights the general issues that flow from both spatial access to services and individual issues, and tries to relate these to the situation of children and young people in particular. While taking account of the services that have most relevance to these groups, it tries to draw on research across a range of service areas.

The literature review was not intended to develop a set of narrow questions on which to base the rest of the study. The study is more inductive – seeking to work from the voices and experiences of young people to identify the barriers and issues they face. The review does raise some broad areas of concern for the rest of the research. One issue is the relative importance of the neighbourhood for children and young people, and hence the possible importance of spatial inequalities for them. The research has a great deal to say about the complex ways in which aspects of 'place' overlap and combine, frequently reinforcing individual disadvantage. A second broad issue is the ways in which individual resources, attitudes or choices of children and young people combine with household or parental resources to shape access to services, and how other adults or peers may act as a further mediating factors.

STUDY DESIGN

3.1 INTRODUCTION: QUALITATIVE RESEARCH DESIGN

The study employed qualitative methods in order to achieve an in-depth exploration of children's *experiences* of services, including their understandings, views, choices and access. The study took place over two years. The fieldwork was undertaken over a period of approximately eighteen months.

3.2 STUDY AGE RANGE

The research focused on middle childhood. This phase is particularly significant in view of the transitions taking place over this period, both institutionally with the move from primary to secondary school, and developmentally from childhood to adolescence, associated with growing independence (Borland et al, 1998). It was decided to sample at the two ends of this age range, to capture more clearly differences and changes between pre- and early adolescence. Hence the sample was recruited from primary school children in P6 classes (aged 10/11 years), and those in S3 at secondary school (aged 13/14 years)¹.

3.3 SELECTION OF CASE STUDY AREAS

Three broad case study areas in Scotland were selected for the fieldwork in order to capture a spread of household types and neighbourhood contexts (more and less deprived; urban and rural). The case study areas were chosen on the basis of three main criteria:

- *level or diversity of deprivation* – one area was selected as having predominantly high levels of deprivation, and two others for containing greater diversity
- *position on urban-rural spectrum* – areas were selected to reflect different degrees of remoteness from major urban centres: they comprised a city neighbourhood, a medium-sized town and a larger rural setting with a diverse range of living environments and travel to school distances;

¹ Terminology about school years differs from that of England. In Scotland, P6 is the last but one year in primary school, and S3 is the third year of secondary school.

- *labour market conditions* – the metropolitan area had a relatively depressed local labour market; the town middle range employment conditions, the rural area had a problematic labour market.

The use of official statistics supported this process, including the Scottish Index of Multiple Deprivation 2004, Scottish Executive Urban-Rural Classification 2004, and Scottish Executive Local Authority Economic Profiles.

Whilst it is recognised that with only three case study areas, it is not possible to cover all combinations of the above, the selection was chosen on the basis of a good spread of circumstances.

The case study areas selected were given the following anonymising nomenclature to protect the identity of research participants:

City Estate - a peripheral city housing estate.

This urban area was selected for inclusion as a case study area on the basis of almost uniformly high deprivation levels.

Accessible Town - a medium-sized town and its suburbs.

This mixed urban case study area was selected to capture experiences of both relative affluence and poverty of children living in the same overall area, where services may be used by children and young people from a variety of socio-economic groups.

Remote Town/Rural - a predominantly rural area, encompassing an isolated town centre together with other small towns and villages and their rural hinterland.

This coastal case study area was predominantly rural and distant from large urban centres, while including two (one larger, one smaller) multi-functional towns. It encompassed the most diverse range of living environments, with a variety of socio-economic groups and a substantial range of distance from schools and urban facilities.

Further details on the geographical, demographic and socio-economic characteristics of the three case study areas are provided in Chapter 4. Due to practical constraints, the fieldwork focused on sub-areas of the wider case study areas. This predominantly reflected the school catchment areas of those schools which were approached and subsequently agreed to participate in the research.

3.4 CONTEXT SETTING AND FAMILIARISATION

In each case study area, the research team sought firstly to understand the local context of institutions, agencies and geography. After scrutiny of local web-based information, familiarisation visits were made to each area, including meeting with key service providers, and gathering further information such as current local authority policy documents and other materials relevant to the context in which children's services were provided in the locality.

Key informant interviews were held with approximately six service providers in each case study area, selected as representatives of particular service areas. They discussed levels and availability of local services and the key issues, constraints and barriers impacting on service provision in the locality. Service provider perspectives are outlined in Chapter 5.

3.5 ETHICAL ISSUES – CONSENT, ANONYMITY, CONFIDENTIALITY

Ethical approval for the study was obtained from the University of Glasgow Ethics Committee and Save the Children's Research Practice Guidelines and Child Protection Policy were followed. Ethical approval was granted on the basis that clear arrangements were made to obtain informed consent from both children and their parent or carer, that participant's anonymity would be protected in all outputs arising from the research, and that confidentiality would be ensured unless it was revealed that a child was at risk from serious harm (see Alderson and Morrow, 2004). A reflexive approach underpinned ethical decision-making throughout the study. Ethical issues arising from the first stage of fieldwork are discussed further elsewhere (Sime, 2007).

3.6 FIELDWORK WITH CHILDREN AND YOUNG PEOPLE

There were two key phases to the fieldwork with children and young people, firstly focus group discussions, followed by in-depth semi-structured individual interviews. The groups were seen as appropriate means of introducing young people to the project, and gaining an overview of their understandings and use of services, while individual interviews facilitated more in-depth exploration of individual experiences in relation to particular services.

Gaining access to children

To obtain a fair cross-section of participants, children were recruited primarily through schools, supplemented by groups and clubs to enhance the diversity of children/young people taking part. Once University ethical approval was obtained for the study, approaches were made to local authorities covering the three areas for permission to contact primary and secondary schools. In addition, a small number of community-based agencies working with children/young people were asked to encourage their service users to participate in the research. This route boosted participant numbers when difficulties were encountered in gaining access to children via schools. Gatekeepers in community-based agencies were usually able to be more pro-active than teachers in obtaining parental consent and provided support for children and young people to participate in the study who might otherwise not have taken part.

Informing children and their parents about the study

Children were provided with information about the study for themselves and for their parents. This included a joint consent form, which both a child and a parent/carer were asked to sign and return prior to participation in the study. The consent form invited parents/carers to indicate whether their child received a free school meal, as one of the proxy indicators of household income status used by the study. It was expected that children would commit to taking part in both stages of the research.

Child-centred research methodology

The fieldwork employed a range of 'child-centred' research methods as the best way of triangulating data, maximising inclusiveness and of evoking full and open accounts (Stafford et al, 2003). Within each method, supplementary techniques were used to help evoke and hold children's interests, facilitate the discussion of complex issues in concrete terms and stimulate participants to communicate openly (Hill et al, 1996). Photographs were used to invoke interest and link the two stages of fieldwork. The research recognised participants as competent. The methods used facilitated the exploration of experiences which were current and meaningful for the children who participated.

3.7 KEY PHASES OF STUDY PARTICIPATION

Focus groups

The first phase aimed to explore children and young people's understanding of what is a 'service' and to identify those services that are particularly relevant to them. Focus groups were used as they are recognised as a suitable method for exploratory discussions and help to generate a range of ideas to follow up in subsequent data gathering.

Children were initially invited to participate in a focus group with others from their age group. Typically this was held at the gatekeeper agency (although occasionally another venue was required), and children were therefore known to one another. Focus groups lasted for an average of one hour.

Discussion groups with children are a common mechanism for undertaking qualitative research. They provide opportunities for children to compare and comment on each other's experiences, identify differences and similarities and elaborate ideas in different ways from individuals on their own (Hill et al, 1996, Save the Children, 2001). Although some children are inhibited in groups, others gain confidence from peer support (Stafford et al, 2003). Activities, vignettes, maps, and cue cards with key words and phrases were used to stimulate discussion. Groups also included brainstorming using 'post-it' notes and flipcharts, to gain as many ideas as possible on a particular topic, and 'mind-maps' or 'spider diagrams' were a further technique employed to generate discussion on specific points raised.

The discussions used visual prompts for children to comment on a wide range of potentially relevant services to help understand the full spectrum of services that they experienced. The data produced was analysed to identify three types of service to be examined in more detail in the individual interviews. These were chosen mainly on the basis of salience for the children and young people, i.e. those services that appeared most important and interesting to most participants. Five types of service stood out and from these three were selected covering public, voluntary and private sectors, namely *leisure, health and retail*.

In a small number of cases, it was not possible to arrange a suitable focus group and in these instances children were provided directly with explanatory information and an opportunity to discuss the study with the researcher or with a member of staff in the relevant gatekeeper agency. These individuals were all in the 13/14 year old age range, and following an indication of interest in participating in the study, arrangements were made for these young people to take part on an individualised basis.

Use of cameras and photos

At the end of the focus groups, children and young people were invited to take a disposable camera home to photograph the places they went and services they used over approximately a one week period before returning the camera either by post to the researcher, or directly to the gatekeeper agency.

Children and young people appeared enthusiastic about the use of cameras within the project. As well as the primary role of the cameras as a method of data collection, and of the photographs as a tool in subsequent interviews as described below, the use of such visual methodology within the study was associated with a number of advantages. These included:

- engaging young people in the research process and providing a short-hand reference point for the research study. For example, young people at one fieldwork site were heard describing their involvement in "*the camera project*" to their peers;
- ensuring children and young people have some ownership and control within the research process (i.e. they decide what to take photographs of and may also direct discussion during the interview to a greater extent than would otherwise be possible);
- the use of cameras also played a role in terms of reflecting ongoing consent, or indeed withdrawal of consent (for example, a child opting out of future involvement in the study by not taking photographs).

Individual interviews

The second phase aimed to explore in detail children and young people's use of and access to services and the factors that impacted on this. Interviews on a one-to-one basis between a researcher and each child were used to allow for privacy, space and time to explore individual opinions and experiences.

Once a child's photographs were developed, arrangements were made for the follow-on individual interview. Children were offered a choice of venue, including either at the gatekeeper agency, or at the child's home (with parental approval). In a very small number of instances, children indicated that they preferred a neutral venue and in these instances suitable arrangements were made for this to be possible. It was apparent that different settings were subject to different constraints such as time and the availability of quiet space. On balance, it was concluded that young people having a choice of venues was probably the most important aspect rather than one venue or another being necessarily better for everyone. However, the research team's experience suggested that young people do not necessarily have more control over the interview process at home than in an institutional setting, as other factors, such as a family member's interest, might have influenced the process in the home environment.

Individual interviews were of approximately 45 minutes to one hour duration and were semi-structured in nature. The initial part of each interview provided an opportunity for children to describe the photographs they had taken, and explain why they had taken particular photos.

A semi-structured interview schedule was used for the rest of the interviews, outlining key questions/topics and suggesting prompts to ensure that issues raised were as fully explored as possible within the time available. Interviews covered a range of issues related to the three selected services. These included:

- the services young people used in their local area
- how and with whom a service was accessed
- how decisions were made to use a service
- what was particularly liked/disliked about a service
- what might stop a service being used.

Picture prompts or 'show cards' - generic photographs or images representing different aspects within the service areas - provided a useful mechanism to explore children's use and perceptions of particular aspects of services. It would appear that use of photography helped generate rich data grounded in individual experiences, offering advantages over more abstract research tools such as show cards.

Children received a £5 voucher as a 'thank you' gift from the research team for participation in a focus group, and a further £5 voucher following completion of each individual interview. This is in line with Save the Children's standard practice.

3.8 STUDY SAMPLE

A total of fifty-six young people took part in the study overall. Forty-nine young people took part in the initial focus groups, with forty-six taking part in subsequent individual interviews. A small number (three) of young people opted out of study participation following the focus group but prior to the interview phase, and another seven were recruited to take part in the interview phase. Individual interviews were undertaken with thirty-two young people from the younger age range (predominantly 10 and 11 year olds), and twenty-one young people from the older age range (predominantly 13 and 14 year olds).

The tables below provide further detail of study participants who took part in individual interviews on the basis of gender, age, case study area and relative affluence.

Table 3.1 Summary of Key Interviewee Characteristics

	Younger age group		Older age group	
	Less affluent	More affluent	Less affluent	More affluent
City Estate				
Girls	4	-	4	-
Boys	1	-	2	-
Accessible Town				
Girls	4	4	-	3
Boys	4	1	1	-
Remote Town/Rural				
Girls	5	4	3	6
Boys	1	4	1	1
Totals	19	13	11	10

Relative affluence was determined primarily on the basis of free school meal (FSM) uptake. It was recognised that free school meal uptake is an imperfect indicator of household income status (for example, fear of stigma means that free school meal uptake is generally lower than entitlement), and there may have been factors leading to parental non-disclosure of FSM status on the consent form (due for example to concerns of stigmatisation). Therefore, this was supplemented with data gained during interviews such as parental employment status.

In addition, CACI ACORN postcode data and Scottish Index of Multiple Deprivation (SIMD) 2004 data were used to indicate relative area deprivation. These indicators were brought together to further contextualise young people's circumstances at both household and neighbourhood level. Reflecting the complex realities, the data represented a continuum of relative poverty-affluence, rather than a clear division into 'poor' and 'affluent' groups.

3.9 DATA RECORDING AND ANALYSIS

Focus groups and individual interviews were recorded, with participants' permission, and subsequently transcribed in full. A written record was made from other data generated during focus groups, such as activities, 'post-its' and flipcharts.

Qualitative data from all sources were then analysed by drawing out and coding the emergent themes from children and young people's accounts. Nvivo, a computer assisted qualitative data analysis software package, was used to assist the analysis process. In addition, responses were coded on the basis of age (older versus younger), gender, household and socio-economic circumstances. The analysis was assisted by group discussions within the research team after reading transcripts.

3.10 ISSUES EMERGING FROM THE FIELDWORK

A number of issues associated with undertaking the fieldwork were recorded during the progress of the fieldwork, and are reported on below.

Consent

Overall, the study found that participation rates were relatively low, following on from low response rates to the joint consent form signed by young people and a parent/carer. For example, from thirty information packs (including consent forms) handed out to a class of children, response rates could range from zero to approximately six. The approach of proceeding only with written parental consent as well as the child's consent was viewed as ethically desirable and integral to the study, especially given the substantial time taken up. Moreover agency guidelines for involving children under sixteen years as research participants also require active parental consent. However, some young people would have liked to participate but could not because their parents did not return forms. There is a tension here between children's rights to have their opinions listened to and taken into account and the requirement for active parental consent (Alderson and Morrow, 2004; Hill, 2005).

Age and gender

The study achieved a higher response rate overall from younger children (10/11 year olds) than the older group (13/14 year olds), and from girls rather than boys. It was particularly difficult to achieve participation from young men aged 13/14, despite attempts to positively recruit males from both age groups to the study. Discussions with gatekeeper agencies indicated that difficulties securing the engagement of young men paralleled the experiences of service providers, so this was in some ways a finding as well as a recruitment problem.

It is possible too that the time requirements of a study affect the involvement of boys in particular. For example, it is notable that the three young people who took part in focus group discussions and did not wish to continue participation in the study after this point were all male.

Visual methodology

Whilst there were various benefits associated with the use of photography, disposable cameras are now possibly rather out-dated given continuous technological advancements which children and young people are experiencing (such as mobile phone technology, MP3 players). This suggests the need for exploration of 'high-tech' visual methods, possibly employing mobile-phone technology, for future studies involving visual methods with young people.

The role of gatekeeper agencies

Gatekeepers were essential to the progress of the fieldwork for this study, providing not only a route to contact young people to inform them about the study, but in some instances also through providing a range of supportive elements for the research, including child-friendly venues for focus groups and interviews, help to gain parental consent, collection of disposable cameras, liaison with young people. In most instances, the project was aided through having a high level sponsor (such as head of service), and on occasion this was crucial in enabling gatekeeper support to the project.

Whilst working with a range of gatekeeper agencies helped to generate a representative sample of young people of the age range under consideration, the research team is aware that despite this, and the support provided by gatekeepers, it is likely that there remain groups of young people not represented in the research. The study findings are cited with this caveat in mind, in recognition of the fact that those young people living in particularly vulnerable circumstances might find it especially difficult to participate in such a study.

3.11 SUMMARY

This qualitative research study used a mixed methods, multi-stage approach to engage with children and young people aged 10 - 14 years living in three case study areas in Scotland, to explore the impact of poverty on children's experiences of public, private and voluntary sector services.

A preliminary stage of the research consisted of familiarisation with the three selected case study areas, including interviews with representative service providers.

Fifty-six young people took part in the research overall. Group discussions were held with forty-nine young people, followed by individual interviews with all but three of the same young people. Seven further young people took part in individual interviews but did not participate in group discussions. In total, fifty-three individual interviews took place with children.

CHAPTER
4THE CASE
STUDY AREAS

4.1 INTRODUCTION

This chapter introduces the geographic, demographic, socio-economic and institutional characteristics of each of the three case study areas. The pen portraits are designed to illustrate the range of circumstances in which children and young people taking part in the study were growing up, and to highlight aspects of commonality and diversity across case study areas. None had a significant black and minority ethnic population. The three areas may be briefly characterised as follows:

City Estate

a peripheral city housing estate with almost uniformly high deprivation levels.

Accessible Town

a medium-sized town and its suburbs, with good transport links to major cities.

Remote Town/Rural

a varied predominantly rural area, which was remote from major urban centres but encompassed an isolated town centre as well as a smaller town and several villages and their rural hinterland.

The data for this chapter is drawn from a range of sources gathered as described in Section 3.4 on context setting and familiarisation, and compiled into a context report prepared for each case study area. These sources included:

- documents collected via internet and database searches, through visits to the area or provided by service providers;
- field notes written after visits to each of the areas;
- transcripts of interviews with service providers.

4.2 CITY ESTATE

This case study area was located in a peripheral housing estate with a population of approximately 15,000. It was within an area designated for targeted urban regeneration support in 1998 through the Scottish Executive's Social Inclusion Partnership (SIP) programme. The area suffered from severe disadvantage, with high unemployment, low educational qualifications, high numbers of households in receipt of income support and high numbers of lone parent households. Crime rates were above those recorded for other areas in the city. The majority of data zones in the area were within the top 10% of deprived areas in Scotland, based on the Scottish Index of Multiple Deprivation (SIMD) 2004.

Free school meal entitlements were well above the national average for both secondary and primary school pupils, with well over half of primary school children qualifying, compared to a Scottish average of approximately 20%. School non-attendance was of high concern particularly with regard to secondary school pupils.

Owner occupation in the area was very low at around 15%, with social housing by far the most prevalent form of housing, mostly in tenement blocks. In addition, there were very low rates of car ownership. Although access to the Internet had risen significantly this was still well below the average for Scotland. Health records indicated approximately one third of individuals in the area were living with long-term illness and over twenty per cent of households included at least one person in need of constant help or care. The area had a significantly younger age structure than the city as a whole, with higher numbers of households containing one or more child of school age.

Services profile

On account of its deprivation, this City Estate was a target area for special initiatives by central and local government. These included education, health and social services projects. The secondary school was a key focus for other agencies working with and for children and young people in the area, with inter-agency work a key part of the school ethos. Several local agencies including voluntary organisations were actively working with children and young people, although the range of services available remained rather limited.

There was a range of medical provision in the area, with two medical centres and a hospital. A youth health clinic had been established specifically to address the challenges to engaging young people with health services. A recent youth health survey identified a general satisfaction with provision of medical services locally but also identified several barriers related to confidentiality, embarrassment and staff attitudes. In addition to public health services, there were a number of other agencies operating within the area with a health education remit.

Direct observation during field visits, together with the perspectives of key informant interviewees, suggested that provision of leisure, cultural, retail and financial services was poor in the locality. The shopping centre was identified by key informant interviewees as being in a very poor state, with a very limited range of shops.

There were abandoned buildings within the shopping centre and other concerns included the presence of local gangs. Indeed, the rundown state of the shopping centre was one of the main dislikes identified in a recent residents survey.

There were few local corner shops, with many residents therefore obliged to go to the shopping centre for daily products such as milk or bread. Given the poor quality of local provision overall, key informants indicated that residents needed to travel to another area approximately five miles distance for most retail and leisure facilities.

Buses were the main form of transport for residents in the area, although services were reduced at weekends. Whilst there was a train station providing services to/from the city centre, this was located at some distance from many households. Since car ownership was low, children tended to go to clubs in their immediate home vicinity if these were available. Some walked to more distant clubs, but territorial gangs were seen as a constant threat. Most clubs were in the main centre in the area, which was an expensive bus ride away for many.

4.3 ACCESSIBLE TOWN

As noted in Chapter 3, this area was selected to exemplify the experiences of children and young people from a variety of socio-economic groups living close together. At its heart was an established historical town and its suburbs with a population of approximately 30,000. It was located within easy reach of two major cities.

The area was predominantly urban in nature, with over three quarters of the population living in 'other urban areas' (Scottish Executive Urban Rural Classification 2003/04). The local population was similar in age structure to the Scottish average, with just slightly more children and slightly fewer elderly people. A similar proportion of the population described being in poor health as the Scottish average (Census 2001). Eligibility rates for free school meals were slightly below the Scottish averages.

Rates of economic activity, unemployment and benefit receipt were broadly in line with Scottish averages, although considerable variation existed between individual wards. The area was the subject of a major economic regeneration programme. Education qualification levels were below the Scottish average. A lower proportion of the population were in managerial or professional occupations than the Scottish average. Car ownership and house ownership were also slightly below Scottish averages.

The fieldwork was focused on two wards within the wider local authority area, one of which was associated with rather higher levels of deprivation and unemployment, and rather lower qualifications, car ownership and house ownership than the area overall. The other was associated with slightly lower deprivation and unemployment levels and slightly higher qualifications, car ownership, and home ownership. There were a small number of data zones in the area within the most deprived 10% in Scotland (SIMD 2004). These were located in the ward with higher levels of unemployment and benefit claimant rates.

Services profile

The area included numerous primary and secondary schools. Health services included a hospital within the town centre although there was no Accident and Emergency facility. A number of specialist agencies were working across the local authority area providing specific services for young people, including provision of drop-in health clinic sessions and sexual health services.

Documentary evidence suggested that the voluntary sector was highly active in the case study area, with various websites providing information about local voluntary agencies and points of contact. For example, there were several Citizens Advice Bureaux; specialist voluntary sector provision for families included several locally operated family centres. Community services provided informal learning support for young people. Provision for 10 - 14 year olds included detached youth work as well as youth club provision via a network of youth clubs.

In the more deprived fieldwork location, documentary evidence and key informant interviewee perspectives suggested that services for children and young people were particularly limited. One local voluntary agency provided an Internet cafe to young people but was primarily targeting the 15 plus age range. A local community centre had established youth club activities but participation rates were low. This had resulted in the amalgamation of two separate groups for under 11s and 11 - 14 years.

The local authority area overall had a wide range and choice of leisure provision, with several commercial leisure centres. Activity programmes seeking to engage with young people were in place, including a free swimming scheme during school holidays. The local authority employed sports-specific officers, tasked with developing and encouraging children's participation in the sport, and in providing support to local sports clubs and organisations.

A leisure access card scheme was in operation, with an entitlement card under consideration that would provide electronic discount entitlements. Two cultural co-ordinator posts established at the local authority level were working within schools to encourage youth participation.

It was apparent from field visits that the town centre and its wider environs provided a considerable range of retail services, including a retail park, several shopping centres and a thriving town centre/high street area with large national stores and a range of independent shops. The centre was pedestrianised, with good signposting and bus and rail links. A number of shops catered specifically for younger people (such as a range for seven to twelve year olds in one clothing store). The retail park included a multiplex cinema, supermarkets and fast-food restaurants. A number of supermarket chains were represented in the town, and branches of several banks and building societies were based in the town centre.

At the more localised level, the more deprived neighbourhood had very few shops but its location within walking distance of the town centre gave residents access to a wide range of retail and leisure facilities. The more affluent district was located further from the town centre, necessitating a journey by car or bus to the town centre, but had a greater range of local shops including mini-market stores.

The case study area overall had good transport links to other towns and cities in Scotland, including frequent bus and rail links to Edinburgh and Glasgow. A local public transport network of buses and trains linked the town centre with other towns, suburban areas and villages across the region.

4.4 REMOTE TOWN/RURAL

This coastal area covered approximately 500 square miles forming the most remote part of a largely rural local authority. Most of the area was sparsely populated. It included, however, an isolated town with a population of around ten thousand, another town of approximately three thousand, as well as a number of smaller towns and villages. The area had been subject to long-term population decline that was continuing slowly, especially in the smaller rural settlements. The case study area exemplifies the nature of much of remote and rural Scotland.

The area's age structure showed a slightly older population than the Scottish average. The forecasted trend was for a continuing ageing population profile and out-migration of younger families. The area's economy was highly dependent on agriculture and self-employment. It had a low wage economy, significantly below the Scottish average. The percentage of working age population claiming benefits such as Income Support, Job Seekers Allowance, Incapacity Benefit was higher than the average in the parent local authority area, as was unemployment, but overall were broadly in line with Scottish averages. Educational achievement levels across the case study area were low.

Significant parts of the case study area had low economic activity rates, higher than average unemployment and concentrations of low-income households, and certain zones were among the most deprived areas in Scotland (SIMD 2004). Eligibility for free school meals varied widely, though the area average was close to the Scottish mean.

Car ownership was similar to the Scottish average at around one third of the population but the rural nature of the area led to a range of transport difficulties for residents lacking access to a car. Households were more likely to rent their home from a social landlord than Scotland-wide figures. Owner occupation rates were broadly similar to Scottish averages.

Services profile

There were two secondary schools in the case study area for approximately 2000 pupils and numerous primary schools, ranging in size from under 20 to larger schools of around 200 pupils. The area had ten GP practices and health centres serving the area's population, as well as a hospital providing acute services including Accident and Emergency provision based in the main town. Specific health provision for children and young people included health drop-in clinics operated in several sites. A health-related website for young people specifically for the area had also been recently established.

Key informant interviews and document searches revealed a small number of local children and young people's organisations operating in the area. Several local authority wide initiatives (such as the Youth Enquiry Service and local regeneration projects) also had local service points. A number of generic voluntary agencies also provided services for young people, such as one voluntary agency based in the main town, which provided a venue for young people's events.

Given the scale of the geographical area, the actual range and choice of provision for children and young people appeared to be fairly limited. Resource constraints had led to the development of a partnership approach between public and voluntary sector agencies to provide youth services across the area.

Community services offered a range of provision across community learning and development, leisure and sport and cultural services. The community learning and development programme focused on the 12 plus age range, including organised activities such as youth clubs, and the provision of detached youth work. The main venues were located in larger towns and villages. In addition, an outreach programme designed to address the barriers experienced both in terms of providing a service and for young people in accessing a service was in operation. Considerable attention had also been given to specifically targeting some services to young people from more deprived backgrounds. There was also evidence of inter-agency working.

Across the area as a whole, the leisure and sport facilities available included leisure centres, swimming pools, running tracks, sports pitches, and parks. There were two leisure centres, one in the main town and one in the smaller town, providing swimming pools and gym facilities. There were also two cinemas in the area, again one in the main town and one in the smaller town. Multi-use Astroturf pitches were a key element of more locally based provision. Other activities on offer across the case study area as a whole were athletics, football, netball, curling, rugby, tennis, swimming, and outdoor education training for 12 year olds upwards (including mountain biking, kayaking, climbing).

The dispersed nature of the population and often considerable distances between homes and services meant that transport was particularly important in this case study area, as identified by key informants during interviews. Public transport provision was rather limited, necessitating a reliance on private transport.

Only one train service operated, and this was between the larger town and one of Scotland's cities. There were also ferry services operating out of the local authority area. Bus services were available across the case study area, but operated on a more restricted basis in the more remote locations.

A free travel scheme was specifically targeted at young people to encourage their use of leisure and sport facilities. It had been developed as part of the local authority response to rurality challenges. This scheme offered free transport to and from small towns and villages and major leisure centres on specific dates. A concessionary scheme for eligible individuals/families to access leisure and sport facilities at reduced rates was in place. Dedicated posts had been created to help certain groups access services and in a number of locations a range of activities were provided at primary and secondary schools so children did not have extra journeys. Libraries too acted as activity hubs in towns and villages, for instance providing free Internet access. A museum in the larger town was a base for historical and heritage-related programmes for children, young people and families via workshops and outreach provision.

Field visits enabled research team members to form a perspective on retail provision in the area. The larger town had several supermarkets and a range of chain stores together with independent retailers. The smaller town had more limited retail facilities, consisting primarily of a supermarket and a high street with small independent retail outlets. The smaller villages offered a very small number of retail services, some catering particularly to tourists, and often closed at least one day per week. There were several banks in each of the towns, although banking facilities were more limited in the villages.

4.5 SUMMARY

The demographic and service characteristics of the three case study areas are summarised in the following tables:

Table 4.1 Case Study Areas - Summary Characteristics

	Urban-rural spectrum	Demography
City Estate	Peripheral city housing estate.	Population approximately 15,000. Stable population. Younger age profile than the city average.
Accessible Town	Accessible town and suburbs in predominantly urban area.	Population approximately 30,000. Similar age profile to Scottish average.
Remote Town/Rural	Remote town and rural hinterland in coastal area.	Population of approximately 28,000, half of whom lived in rural areas. Ageing population profile and out-migration of young families. Gradual rural population decline.

Table 4.2 Case Study Areas - Indicators of socio-economic status

	Indicators of socio-economic status
City Estate	<ul style="list-style-type: none"> • Very high unemployment and benefit claimant rates. • High number of lone parent households. Very low educational attainment rates. • Most zones within top 10% of deprived areas in Scotland (SIMD 2004). • Very high rates of free school meal entitlement. • Car ownership and home ownership significantly below Scottish averages.
Accessible Town	<ul style="list-style-type: none"> • Unemployment, benefit claimant rates and other socio-economic indicators broadly in line with Scottish averages. One study ward with higher unemployment and benefit claimant rates, one study ward with lower unemployment and benefit claimant rates. • Few data zones within most deprived 10% in Scotland (SIMD 2004). These were located within the study ward with higher unemployment and benefit claimant rates. • Free school meal eligibility rates in line with Scottish averages, but with variation at the individual school level. • Car ownership and home ownership slightly below Scottish averages.
Remote Town/Rural	<ul style="list-style-type: none"> • Low wage economy, highly reliant on agriculture and self-employment. • Higher rates of unemployment and benefit claimant rates than area as a whole. Low educational achievement. • Certain zones within the most deprived areas in Scotland (SIMD 2004). • Free school meal eligibility rates close to Scottish averages, but wide variation at the individual school level. • Home ownership similar to Scottish averages. Car ownership rates similar to Scottish averages but given rurality of area, resulting in transport implications for high number of residents.

Table 4.3 Case Study Areas - Institutional/service profile

	Institutional/service profile
City Estate	<ul style="list-style-type: none"> Area identified for targeted urban regeneration in 1998 under Social Inclusion Partnership (SIP) programme. High levels of public and voluntary sector input. Commercial services generally poor quality and limited availability, necessitating travel outwith the area to access a range of retail and leisure services. In particular, limited range of facilities for children and young people, most of which based in the area's main centre.
Accessible Town	<ul style="list-style-type: none"> Many service sectors represented in locality, including several leisure centres, cinemas, wide range of retail facilities. Primary healthcare and acute services located in town. A&E services located outwith the area. Highly active voluntary sector. Regeneration strategy working with identified areas of relative deprivation. Wider area also the subject of a major economic regeneration programme. More limited services within relatively more deprived study ward, with particular concerns for level of provision of services for children and young people.
Remote Town/Rural	<ul style="list-style-type: none"> Services primarily located within one larger town and one smaller town. Limited retail, commercial or leisure opportunities outwith these two main settlements. High levels of public sector input, with range of initiatives and schemes to address challenges of rurality/sparsely populated areas developed by public agencies. Voluntary sector working with children/young people more limited in scale. Services subject to resource constraints resulting in new developments such as focus on partnership working. Regeneration activity within several identified areas on the basis of deprivation rates.

SERVICE PROVIDERS' PERSPECTIVES



5.1 INTRODUCTION

This chapter provides an overview of the perspectives of the service providers interviewed across the three areas (see section 3.4). It shows how some of the policy issues outlined in Chapter 2 apply at local level and fills in some gaps in knowledge noted in that chapter.

It is organised into sections covering the main issues that arose from service providers' perspectives. In each of the three areas, approximately six representatives from a range of statutory and non-statutory services were involved in these interviews. The service provider interviews took place as part of the context-setting phase of the project so their primary aim was to gain information on the range of services for children in each area, and on the issues staff felt they faced in providing for children. Most interviewees therefore represented services that either catered exclusively for children and young people, or actively aimed part of their service at children and young people; most were also working in the public or voluntary sector. The main exception to this were the retail centre manager and staff interviewed in the Accessible Town, who reflected a private sector service aimed at the population more generally, with children not felt to be a central focus of their job.

5.2 YOUNG PEOPLE'S SERVICE REQUIREMENTS

Most of the service providers had quite clear statutory and non-statutory remits as to the kind of service they aimed to provide. Within those constraints, they nearly all had clear ideas about the particular needs of children and young people in their constituencies.

Part of the role of services was seen as being to provide children and young people with occupation and recreational opportunities, in the here and now. At times, this was expressed as additionally helping to prevent negative behaviour and involvement in less productive activities that might occur if young people had few of these opportunities.

A further, and very important aim was the development of skills in children and young people. Some of these skills might be specific, such as swimming, or using computers, but providers talked often about aiming to develop wider life skills, including confidence, self esteem and self-expression. In the city estate in particular, where school attendance was known to be problematic, many service providers were particularly concerned to foster in young people some skills that would help them find employment at a later stage, and so help them avoid social exclusion as adults.

A whole range of services dealt with welfare issues. Problematic issues in all three areas were thought to be sexual health, mental health, smoking and alcohol misuse (in the Accessible Town identified in children as young as 10). Young people were felt to need support over these and other issues such as generally being, and staying socially engaged, making transitions from primary to secondary school, relationships and conflicts with others including bullying. Service providers in the City Estate described how some children and young people there faced particularly severe difficulties including high levels of poverty and exclusion, parental drug and alcohol dependency and / or mental health problems within the family. Some young people and even children were acting as carers for parents and / or siblings. A number of older ones were themselves lone parents. Conflicts, particularly territorial conflicts, were a significant issue in the area. Several of their clients therefore needed a lot of support, and services often aimed to provide some stability, a safe place to go and some respite for those young people that needed it.

The retail centre staff interviewed did not see their remit as being especially concerned with the needs of young people who were viewed as relatively minor consumers – although it was noted that children are the consumers of the future, so “neglect them at your peril”. They pointed out the number of shops in the development that sold goods of interest to younger people.

5.3 WAYS OF WORKING

In all three areas, service providers who were aiming their services directly at children and young people used more than one approach in delivering their services. Most had premises as a base, where young people could usually go, but many took on outreach work and detached youth work where possible: this was felt to be important for reaching the most vulnerable children in particular. Health services aimed at young people in both the Remote Town/Rural area and the City Estate, for example, ran clinics at youth clubs and schools.

The importance of outreach was most emphasised in the Remote Town/Rural area, where the geography made this more necessary in order to reach young people in the outlying settlements. The museums service for example felt it important to devise activities for out of town areas; the local authority's community learning department had recently undertaken a programme taking activities around the region for 'taster blocks', i.e. one or two sessions designed for trying out.

Practically all those interviewed talked about 'partnership working' with other service providers, reflecting recent emphases in government policy and funding (See Chapter 1). Councils responsible for both the Accessible Town and the Remote Town/Rural area sites either had, or were in the process of drafting, an 'Integrated Children's Services Plan' at the time of interviews. All organisations spoken to in all the areas, other than the retail services, worked to some degree in partnership with other agencies in order to provide services for young people. As well as actively working together, organisations would also refer clients to each other; some welfare-related organisations worked mainly through referrals. Partnerships functioned to develop services and opportunities, to publicise services and get young people on board, and to access spaces where services might be delivered, particularly satellite and outreach services.

“[the coach development programme] wasn't just football – it was more than that you know, we had nights with colleagues in from other services, so the Free Condom Scheme, etc, it was an ideal opportunity for the youth workers to engage with young people and say 'have you got any concerns about money, drugs, contraception, anything like that?' and it worked really well.” Sport and Leisure representative, Remote Town/Rural area

Funding could also promote joint working or be contingent on it. For example a police and local authority partnership to tackle anti-social behaviour provided money for additional youth club nights in the City Estate.

Schools appeared to be very important partners for many other organisations: sports and recreation services for example organised activities in schools in both the Remote Town/Rural area and the City Estate, while community health representatives also worked within schools in all areas. In the City Estate in particular, one high school headteacher explained how they had 'joint support teams' for particular children, which included a parent, a teacher, a social worker and sometimes a psychologist or advocacy worker. This was not common across all schools however. Also, not all organisations had been successful in developing good links with schools and there were examples of difficulties in engaging with young people through schools.

Most organisations were positive about partnership working, with some interviewees describing it as an improvement on past situations where they had felt they were often in competition, and where there was a lack of trust between organisations. However, not all views were positive: an organisation in the City Estate for example felt there to be a confusing array of organisations providing variable quality services, and suggested that a more co-ordinated approach at a strategic level is needed to cater for the needs of young people in deprived areas in particular.

5.4 FINANCIAL AND ORGANISATIONAL BARRIERS TO THE PROVISION OF SERVICES

The majority of service providers cited lack of resources as a barrier to their providing the level of service they would like. This was mainly financial, but sometimes referred to training and good quality premises for example. Non-statutory services in particular were concerned about the amount of time they had to spend on grant applications to various bodies - though many of these had been successful.

“The weakness is obviously about resources, it’s about money, it’s about the lack of... frustration about not having enough money to do anything and then it’s the whole timescale, you know, and the energy that you need to be putting into all these applications to get the money to do something to develop these young people.”

Voluntary sector project co-ordinator, City Estate

Additionally, funding was often short-term, meaning that popular activities and services sometimes had to be withdrawn again after a few months.

Some explained that outreach work, to the more outlying areas especially, tended to be inadequate due to limited budgets. Restrictions on the hours and times they could provide a service even centrally were often significant. It was pointed out that community and leisure services in the Accessible Town were closed at evenings and weekends when they were most needed. It was also noted by some, for example sports services, that there could be tensions between the needs of young people and the needs of adults when spending decisions were made.

In the City Estate in particular, education and social services felt that some children were not getting the support they needed due to service restructuring and a shortage of social workers and psychologists. Resource limitations were viewed as negatively impacting on children’s risk of social exclusion.

In the Remote Town/Rural area there appeared to be a particular lack of human resources: difficulties in recruiting staff were cited by more than one interviewee and volunteers were also in short supply.

5.5 SERVICE PROVIDERS’ UNDERSTANDING OF YOUNG PEOPLE’S NEEDS IN SERVICE DELIVERY

The need for flexible opening and delivery times in order to cater for young people was often felt to be crucial, including weekend and summer holiday coverage – but as noted above this was often constrained by limited resources.

Anonymity and confidentiality were identified as a crucial requirement for young people in accessing health care, especially sexual health. In all areas, workers said that their communities could be quite small, and that young people were worried about encountering people they or their parents knew when accessing the services. Sexual health services in particular tried to operate in anonymous premises and often provided their own service within the space of other services, for example at youth clubs.

Many interviewees talked about the importance of building trust and good relationships with their young clients. This seemed especially important for services that were trying to support the welfare of young people, and where the young person might find it hard to open up about their problems and difficulties, for example those who were caring for a parent with mental health problems.

Being able to provide continuity of staff was often felt to be important in order to build good relationships. Again, this came across most in the City Estate where it was felt that many socially excluded children lacked stability in their lives, and that the services were often aiming to provide a stable support for them.

Linked with good relationships, service providers talked about how young people needed to be treated with respect. They knew that the older group of young people wanted to be treated like adults, and to have issues (such as health matters) presented to them in terms of choices they could make for themselves, rather than being told what they should do.

In terms of the physical premises, many providers noted that young people preferred informal spaces that they could see as their own, where they could ‘chill out’. This was particularly the case for recreational clubs, but also arose for example with health services targeting young people. If they wanted to attract young people, the space needed to be ‘young person friendly’:

“easy to pop in, it’s no hassle to come in – it’s somewhere they can come in and chill out, they might feel nervous but it’s quite small and not too intimidating whilst the clinic at the infirmary can feel much more intimidating.” Sexual health service representative, Accessible Town

The shopping centre staff, by contrast, felt that their concern was keeping the shopping centre a safe and comfortable environment for shoppers, and it was felt that this sometimes necessitated moving young people on, especially if their clothing and behaviour were drawing negative perceptions from shoppers. Young people using the shopping centre as a place to hang out with friends were tolerated only for short amounts of time if they were not spending money.

In the Remote Town/Rural area, the potential positivity of local focus and identity arose. For example, staff involved in the development of a website that provided health and general information for young people had been interested in extending it across the region, but the young people involved wanted to keep the sense of ownership by retaining the local focus. This seemed connected to the area's remoteness:

"they feel that in [...] they feel the most loneliest in the world – 'we are cut off and we don't want anyone else'."

Health service representative, Remote Town/Rural

5.6 SERVICE PROVIDERS' UNDERSTANDING OF BARRIERS SPECIFIC TO YOUNG PEOPLE IN ACCESSING SERVICES

As noted above, lack of confidence was identified as an issue for young people in accessing services. Health service representatives in all areas noted this particularly – one talked about the need for 'upskilling' young people in their service use.

In the City Estate and the Accessible Town, territorially based hostilities and fears were viewed as a major issue affecting whether or not children and young people would use a service. Several service providers in the City Estate said that many young people would not walk across parts of the area, which was one of the main reasons they provided transport to and from services for young people. Territoriality issues, particularly between the main town and outlying smaller settlements, were also raised in the Remote Town/Rural area, but to a lesser extent. Some were of the opinion that conflicts – though definitely an issue – were between social groups, such as 'Goths' and 'Moshers', rather than being territorially based.

Certain service providers felt that cost could be a barrier to young people's service use – including indirect costs, such as for sports clothes. However many of the services were free or heavily subsidised particularly in the more deprived areas. It was also noted that even in deprived areas, some children did not lack for material resources. Perception among children and young people that a service would be expensive to attend, even though the providers believed it was not, was also sometimes an issue.

As some services and activities required parental consent as a prerequisite to children's participation, some service representatives worried that this might prevent some young people from participating, if the parent was not interested and supportive. This was discussed by sports service, library and museums service staff in the Remote Town/Rural area and the City Estate.

Transport was mentioned as a significant barrier only in the Remote Town/Rural area. Several service providers pointed out that their provision was concentrated in the main town to the detriment of more remote areas, and that this meant that children from the villages were reliant on their parents transporting them in order to access the service because of limited public transport in the area. Local authority leisure services provided a transport scheme designed to link up with specific activities, but this only operated for part of the year. The *mediating role of adults* was therefore highlighted as very important for the rural children and young people:

"Because of the rural nature of this area, it is very dependent on parents, guardians, grandparents, aunts and uncles to support the young people – because unless the parents push them and unless the parents are prepared to drive them about, unfortunately public transport is not what it should be or could be. Kids are perhaps then left out almost."

Sports and leisure representative, Remote Town/Rural area

In the City Estate, sport and recreation representatives observed that a lack of childcare facilities could be a barrier to participation for the number of young people who were themselves caring for either their own child or for younger siblings.

5.7 INFORMING ABOUT THE SERVICE

Getting information out to young people about services and activities was highlighted as a key challenge. Many service providers felt that printed material such as leaflets and posters were not the best way to engage young people although they had some use in informing parents. In the City Estate, literacy problems among young people and their parents were said to make these less effective. It was also observed in the City Estate that targeting parents was not helpful if the parents were not engaged on their children's behalf – therefore children and young people needed to be informed directly.

Several organisations worked with different media, for example in the City Estate a voluntary sector youth club and support group and Sports and Leisure services had both produced interactive CD ROMs; in the Remote Town/Rural area a popular website had developed out of a health project.

Some service representatives felt that word of mouth provided their most successful advertising, and they worked hard to get people to try their activities and services by providing outreach 'taster' sessions for example. It was also felt to be important for the staff to get their faces known, for example by visiting schools, in order for the young people to feel more comfortable with them.

5.8 CHALLENGES OF PROVIDING SERVICES IN MORE DEPRIVED AREAS

Several of the service representatives in all three study areas talked about the particular challenges of providing their service in the more deprived parts of the area they covered, where children and young people could be 'extremely difficult to engage' and where it was reported that parental support in engaging with services could be lacking. Detached and street-based work were felt to be more necessary to reach these young people. In general, working in deprived areas was felt to require more resources and greater effort in terms of planning and engagement efforts.

Some services, such as community learning and development in the Remote Town/Rural area targeted deprived neighbourhoods in particular; some organisations in the City Estate also aimed to work with the most excluded young people. At least one service representative in the Accessible Town however felt that few services were working with children and young people in their most deprived neighbourhoods.

Issues of confidence among the more deprived children in particular were highlighted. As a worker in the City Estate said, children were not learning confidence or high expectations from their parents either.

Interviewees in the City Estate experienced working with some of the country's most deprived young people. Many of them felt that their role was largely providing support, pastoral care and a safe place, and preventing young people from becoming more socially excluded. As noted by Lupton (2004), such goals might go beyond or outweigh their primary role. For example, a secondary school headteacher said:

"Because of the kind of area we serve, there is a lot to do with this school which is beyond education. It's to do with care and welfare and looking after children." Headteacher, secondary school, City Estate

Difficulties encountered in the City Estate included behavioural problems and aggression, and supporting children in extreme circumstances such as young carers or those with little parental input. Several service providers were aware that health/well-being, sport and even education were often not a priority in the lives of children and parents in that area, who might be struggling to deal with day-to-day life (a view which was also at times expressed regarding the poorer neighbourhoods of the other two areas). A health service worker observed that use of local primary health care services tended to focus on crisis management, with people presenting advanced conditions rather than maintaining their health (see Dixon et al, 2003) – which put a greater strain on already limited resources.

More than one interviewee in the City Estate said that staff morale could be a problem, due to the demands and the disappointments experienced; nevertheless, several called their work rewarding, though challenging.

5.9 CONSULTING WITH CHILDREN AND YOUNG PEOPLE

The majority of the service providers interviewed felt that the service they represented undertook some form of consultation with young people, or involved young people in the development and running of the service. The level and method of consultation varied: they described initiatives ranging from basic surveys of young people's likes and dislikes regarding the service, through consulting on school buses, to participative initiatives such as a recreational club in the City Estate where young people drew up the rules and made decisions about how the budget was spent. Of those interviewed, the retail services made the least attempt to involve young people, though they had aimed some activities at involving children, for example by providing a notice board for Mothers Day messages – this was designed to create a family atmosphere. However, a recent 'customer comment card' consultation exercise had not considered targeting any opportunities for feedback at young people.

Many organisations however did express a need for more consultation in order to provide services that young people wanted and would use. Several found that this was hard to put into practice because of lack of resources and uncertainty about how to proceed. Some relied on other or allied organisations to undertake consultation on their behalf. One or two interviewees felt there was insufficient prioritisation of consultation at a more strategic level. An officer for the regeneration partnership in the City Estate for example felt that statutory services such as education and social services should provide the lead on this:

"Education don't ask parents and children what they want. Social Work don't ask parents and children what they want. Doctors' surgeries, the health centres, they don't talk to their clients at all, except very occasionally and I think it needs to be... you know, we need a lead from the statutory sector to say 'this is good practice and this is how we do it'."

Regeneration partnership representative, City Estate

Although consultation was generally viewed as desirable, negative aspects were raised. The phenomenon of the same young people participating in consultation exercises across the board was raised in all areas. There was concern that consultation led to raised expectations, which could not always be met. There could be tensions when young people made decisions or requests that the adult workers did not think were optimal. In deprived areas, some felt that the young people lacked the skills, positivity and expectations for one-off consultation to be useful: it would be necessary to work with them for a longer period of time in more depth. Consultation fatigue was identified in the City Estate and in the more deprived parts of the Remote Town/Rural area: people constantly being asked what they wanted, with little evidence of anything actually changing as a result.

5.10 CHAPTER SUMMARY

During the context-setting phase of the research, several service providers were interviewed in each of the case study areas. These tended to reflect public and voluntary services more than the private sector, and as such concentrated on those who had a particular interest or remit to reach children and young people in their provision.

A more general move towards partnership working in the public sector was clearly reflected in these service providers' perspectives. Most felt that this was helping to deliver better services with fewer overlaps and less competition; willingness to break down some professional boundaries was necessary for this success. Schools appeared to be key players in many of these partnerships. Another key element of service delivery was outreach working, especially in the rural and more deprived areas. The main problems that providers faced in delivering the services they aspired to were to do with resources, particularly finances; also at times buildings, and human resources – the last being a greater issue in the remote rural area.

Service providers felt that children and young people needed services with staff they felt they could trust, who treated them with respect, and where their confidentiality was respected. Informal spaces were also felt to be important, as were flexible delivery times. Barriers to young people accessing services were believed to be cost, lack of confidence and at times the perceived hostility of other young people, which may for example be territorially based. The need for parental consent could provide a barrier for some; in the remote rural area transport was also a significant barrier requiring adult involvement to overcome.

Service providers felt that engaging children and young people in the more deprived areas and neighbourhoods required a greater amount of time, planning and resource input. Some services made particular effort to target deprived areas whilst others felt that not enough resources were put into this. Particular issues in deprived areas were felt to be lack of confidence among children and young people; a greater need for support and pastoral care; and understanding some families' more pressing problems that made engagement with some services a lower priority. In more deprived areas service providers' role in developing skills, confidence and keeping children socially engaged appeared more pronounced. Cases of children coping with severe circumstances such as extreme poverty or acting as carers were identified; behavioural issues and conflicts between young people, for example territorial conflicts, were also acknowledged.

The majority of public and voluntary sector services were in favour of consulting with children and young people in order to develop services that catered better for their needs, but the degree to which they already did this varied. Several felt that lack of resources and a lack of guidance prevented them consulting more. It was also recognised that consultation exercises tended to engage the same young people time and time again, and so may not be as representative as hoped.

THINGS TO DO, PLACES TO GO; THE MEANING AND SIGNIFICANCE OF SERVICES IN CHILDREN'S LIVES



6.1 INTRODUCTION

The chapter explores what children understand as 'services' and how such understandings are developed. Children's perceptions of the benefits they achieve through the use of different services and their perceptions of important dimensions of quality in provision are discussed. Children's experiences of consultation and participation are considered, and their suggested priorities and aspirations for service improvements.

Finally, the chapter highlights the importance young people place on informal spaces as well as services, since these could fulfil similar functions, especially for recreation.

The major sources for this chapter were the focus group sessions, during which children brainstormed on activities and services related to different aspects of their lives. Together with the interview data subsequently collected, this resulted in a developing picture of the range of services children used. Where focus group data is presented as illustrative quotes, the relatively short segments of text reflects the process of data collection during focus groups. For example, the material was generated not only from discussions but also from young people's written responses, either on flipcharts or on 'post it' notes.

6.2 UNDERSTANDINGS OF 'SERVICES'

The explanations given to children about the research used the word 'service' and this was a term that the children and young people recognised and made sense of. However, irrespective of age or location they indicated that they would not usually use the term 'services'; it was not a word they commonly used to describe places they went to or help seeking.

Typically the word 'service' was associated in respondents' minds with specialist provision (e.g. social services) and especially emergency services (ambulance, fire brigade and police). It was much less linked to routine, universal provision such as school or dentists. Whilst children recognised that such universal provisions were services, it emerged that they would not choose to describe these provisions in such terms.

For example, children's explicit responses suggested that school was not particularly seen as being a service as such, but rather was viewed as a place young people spent much of their time. However, it was implicit in wider discussions, including those related to extra-curricular provision available via school such as school trips and after-school activities like games clubs, sports clubs and Guides, that school was indeed one of the major services in their lives. Provisions used in connection with school, such as transport accessed to go to and from school, were also viewed as a service.

Rather, the nature of young people's discussions during focus groups indicated a tendency to use specific *concrete* terms related to a particular place or activity rather than *less tangible* general concepts such as accessing a service:

"Cinema, [youth club]... just things to do, places to go"

Focus group, 13/14 year olds

"I would think I was going to the [leisure centre]"

Focus group, 10/11 year olds

"If you have a problem you come to [the youth group]"

Focus group, 13/14 year olds

One exception to this was during one discussion group, where children aged 10/11 years described how they would use words such as 'issues' rather than services, referencing previous discussions they had participated in regarding their deprived neighbourhood.

Types of services used by children and young people

During focus groups, children were invited to brainstorm on services they would use for a number of different reasons, such as:

- keeping fit and healthy
- having fun and spending time with friends
- spending time with family
- when shopping
- travel
- ICT (Internet and telephone)
- if you had a problem

Most of the groups were able to identify local examples of services they used in connection with these categories, and it seemed that nearly all examples suggested had been used by at least one member of a group. Some examples of services suggested within these categories are noted in Table 6.1.

Table 6.1 Examples of services by category

Category	Service
Keeping fit and healthy	Dentist Doctor Hospital Asthma clinic Orthodontist NHS 24 Gym
Having fun and spending time with friends	Park Youth club Guides/Brownies Football Ice-cream van Shopping
Spending time with family	Restaurant Cinema Aquarium Theme Park Zoo
When Shopping	Supermarket Sports shop Clothes shop Mobile phone shop Pound shop
Travel	Bus Train Taxi Plane
ICT (Internet and telephone)	Internet café MSN messenger Computer games Ebay Directory Enquiries Google
If you have a problem	Police Childline Lawyer Social work Fire engine Coast guard Psychiatrist Carers centre Hospital Community wardens

Examples of services mentioned by young people included collective, demand-led services, such as after-school clubs and swimming pools; 'public good' services such as police and community wardens; and universal services, such as refuse collection. It was possible to distinguish between those services highlighted in children's accounts which were used on a regular (possibly weekly or even daily) basis and which were embedded in their everyday lives (e.g. youth club; swimming pool; bus), in contrast to those services used only occasionally or in emergency or specialist situations, which stood outside their normal practices (e.g. hospital; social work; NHS 24). Overall, children tended to be less familiar with infrequently used or specialist services unless there was direct (or indirect) experience of use of a particular service.

Young people's understandings of specific services were frequently related to direct personal experience or a friend's use of a service. Less often they reflected parental engagement or involvement. For example, one young girl described her knowledge of the First Response service (a volunteer-led first aid provision in rural communities as a precursor to medical treatment) gained through her mother's involvement as a volunteer. Other important sources of knowledge about different services included older siblings or other family members, schools, and other agencies young people engaged with.

Knowledge held by an individual or a group on occasion reflected local incidents and/or the importance of these services within the local community, so that certain services were only mentioned in one of the areas. For example, young people living in a coastal area were aware of coastguard services, while a group of young people living in a deprived urban environment discussed community wardens who worked in their neighbourhood. Thus, direct experience of services seemed of key importance in young people's understandings.

Private, public and voluntary services

Whilst it was beyond the scope of this research project to discuss with young people their detailed understanding of *who* provided the services they used, some children made a distinction between services they knew were provided by public, private or voluntary sectors. For example, some described services which were provided via their local council, from the universal (gritting roads, refuse collection, grounds maintenance) through to needs-led provisions (such as employment schemes and social work). There were also occasional references to the local authority as a provider of arts and cultural services such as libraries and museums. On occasion, young people also alluded to services they knew could be provided both through public and private sectors, such as dentists.

6.3 PERSPECTIVES OF THE BENEFITS OF DIFFERENT SERVICES

Young people's accounts highlighted their perceptions of benefits associated with service use, although these tended to be exemplar rather than offering a comprehensive picture of their perspectives across all service domains. This reflects the time-limited nature of the focus group discussions. Discussions were dominated by a focus on the perceived benefits of leisure and recreation services because these were more prominent in most of their lives, with less attention to the direct or primary benefits associated with education, health or other such services. Compared with service providers, the young people emphasised mainly the short-term functions and benefits of services, only occasionally mentioning longer-term implications, like skill development.

Participation in activities

The opportunity to participate in activities was a key perceived benefit related to leisure services in general, highlighted by young people across age cohorts and study areas. The importance of a range of enjoyable things to do was a key aspect of this:

"Just like fun." Focus group, 13/14 year olds

"You are not stuck in the same place all the time." Focus group, 13/14 year olds

A place to go

Young people's accounts often highlighted that simply having 'a place to go' was the most valued aspect of service use. Thus, physical access to an indoor bowling facility was important for one young woman, offering her alternatives to spending her time walking around the streets which she perceived was *'boring like just walking about'* (girl, 13 years, Remote Town/Rural, deprived, lower income). Especially valued services were those providing young people with the chance to meet other young people in a safe environment, offering alternatives to spending time hanging around with friends on the street.

Supporting and extending social networks

An important benefit associated with services was the opportunity to maintain and extend social networks by providing the means of meeting up with existing friends and of meeting new people. Indeed, this was often viewed as of greater importance than having access to more structured experiences. Responses frequently indicated the value children placed on services which increased the social resources they were able to access, such as being able to meet *'different people'* (focus group, 13/14 year olds).

Personal space and time

Engaging with services provided children with personal space and time for themselves, even relief from tensions. This seemed especially the case for those living in complex family circumstances, as illustrated by the comments of one young girl (10 years, Remote Town/Rural, deprived, lower income) who shared her time between two families following her parents' separation. Spending time looking around the shops with friends provided her with the chance *'...just to have a break and everything'*.

Opportunities beyond the local level

Certain services provided young people with an opportunity to travel outwith their own locality, viewed as being particularly beneficial for young people with limited mobility in their everyday lives. A number of young people from low income households accessed services which widened their opportunities in this way. For example, community services provision in the Remote Town/Rural area enabled young people to join trips to other areas to hear live music and attend other special events. One young woman (13 years, deprived, lower income) living in this case study area described attending a concert in Glasgow on one such trip. This had created the only chance she had had to access opportunities beyond those available to her locally.

Help and support

Participants across both age groups and case study areas highlighted the benefits of services in providing help and support to young people. This included practical support as well as support which enhanced well-being.

Several lower income participants described the value of specialist support services they were engaged with, highlighting the crucial roles such services played in supporting them to address specific needs arising from their own or their families' circumstances, and in linking them in with other relevant service provision. For example, a young woman (13 years, City Estate, deprived, lower income) described the support she received via a befriending service. This provided a fixed sum for each weekly trip with the befriender, enabling her to go on more regular trips outwith the estate where she lived, on visits to a nearby shopping/leisure complex for cinema trips or shopping, or to the city centre. Her comments highlighted the value she placed on the one-to-one nature of the support, the opportunity it created for some time away from home, and of support to access a wider range of services outwith her own neighbourhood.

Learning and development

Services also benefited young people through providing opportunities to develop new skills and expertise such as learning a new sport. It also enabled young people to learn about and discuss wider issues, as well as make direct contributions to social initiatives. So, for example, a group of children aged 10/11 in the Remote Town/Rural case study area described how through a local youth club they had learned about and had raised money for various appeal funds.

Benefits at the neighbourhood and community level

Whilst the majority of perceived benefits impacted at the individual level, service-related benefits that impacted at the neighbourhood level were also highlighted in young people's accounts, such as the benefits of those services which led to cleaner and safer streets. For example, in one case study area community wardens were viewed as positively impacting on their local community, through improving children's feeling of safety and providing young people with approachable adults in their locality.

Children also described benefits to the wider community which they perceived could result from their engagement with leisure services. For example, participants in one focus group described how taking part in activities could help as *'It keeps you out of bother'* (focus group, 13/14 year olds). An eleven year old girl described the multiple importance of swimming for children in her area:

"The swimming was keeping some of the children off the streets, which was a good thing because when children are on the streets they can't find anything to do, so then they do things that they shouldn't be doing."

Girl, 11 years, Remote Town/Rural, deprived, lower income

6.4 PERSPECTIVES ON THE QUALITY OF SERVICES

There was considerable concurrence on the issue of 'what makes a good service' across both age groups and all case study areas, highlighting several key aspects of quality in service provision. These issues are introduced in this section, prior to their consideration in greater detail in subsequent chapters relating to influences on children's service use.

Accessibility

Service accessibility was perceived as a key component of service quality. For example, young people's accounts highlighted service opening times and the extent to which usage was restricted on the basis of adult-child or other age distinctions. One focus group for 13/14 year olds described the importance of being able to access the full range of facilities in a leisure centre, as under 16 year olds currently experienced restricted access at their local leisure centre.

Safe and welcoming physical environments

Safety was a key feature for assuring quality in services, particularly mentioned by children in the younger age group. This incorporated several aspects, not least in terms of safety in getting to and from services:

"It would be easier for [children] if there wasn't a lot of bad people going about, because sometimes you can't go out." Focus group, 10/11 year olds

It was also related to security of admission to prevent 'anyone just being able to walk in'. On occasion, age-specific provision was viewed as an important part of keeping children safe when using a service. A focus group discussion with 10 and 11 year olds highlighted their concerns about mixing with older people due to a fear of paedophiles. This was part of a broader concern regarding other clients who may use services alongside children. Young people highlighted that to feel safe, individuals who might pose some form of threat or who displayed behaviour which children could be frightened of or uncomfortable with should not be allowed access:

"Not a lot of bad people." Focus group, 10/11 year olds

Welcoming physical environments were also viewed as particularly important aspects of service quality. Young people's responses highlighted the need for pleasant and clean environments:

"The cinema. The inside is nice, nice carpet, nice chairs."

Girl, 14 years, City Estate, deprived, lower income

Staff attributes

Aspects related to staff were of particular salience for young people, highlighting the importance of friendly, caring, approachable and welcoming staff (cf. Catan et al 1997):

"People who look after people are a good service."

"You have to be caring."

"People who help other people."

Focus group, 10/11 year olds

The importance of positive staff attitudes towards children and young people, particularly non-judgemental attitudes, was linked to service quality:

YOUNG PERSON *"Probably just try and make things a bit more welcoming for young people because people probably just see a group of you and judge immediately."*

INTERVIEWER *"How do you think they could make it more welcoming?"*

YOUNG PERSON *"I don't know, just friendlier staff at most things, even though most of them are okay, but they are not particularly nice. And I suppose that would be it really."*

Girl, 13 years, Remote Town/Rural, non-deprived, higher income

Young people's responses highlighted a clear link between staff attitudes and young people's willingness to engage with services:

"Because if they are like nice and they talk to you, then I think they get like more people in, if you know what I mean."

Girl, 13 years, City Estate, deprived, lower income

Further positive staff attributes related to good quality services included being 'responsible' and 'sensible' [focus group, 10/11 year olds]. Staff qualities such as trustworthiness and confidentiality were particularly viewed as important with regard to quality health services.

Continuity of staffing within a service was a further important factor related to service quality for both younger and older age groups, a factor of importance also raised by service providers. Comments suggested that having staff members who were known to young people was a particularly important feature, especially in services requiring one-to-one contact such as health services. As one young woman commented, knowing the school nurse made it 'easier to talk' to her (focus group, 13/14 year olds). Several others described the importance of visiting a known GP:

"I wouldn't like to go down and speak to somebody that I don't know."

Focus group, 13/14 year olds, Remote Town/Rural

"Well sometimes I feel scared and sometimes I don't, because like when I see the same doctor it doesn't make me scared, but when it is a different doctor it does. The last doctor he made me laugh and all of that."

Girl, 10 years, Accessible Town, deprived, lower income

Affordability

Service affordability and value for money were further important elements cited, particularly for young people living in lower income households:

"...how cheap it is, because if it is dear they wouldn't go in very much."

Boy, 13 years, City Estate, deprived, lower income

"Not having to pay too much." Focus group, 10/11 year olds

Affordability is discussed in detail in Chapter 9.

Service specific qualities

In their detailed accounts of particular services, young people indicated how a cluster of features affected their perceptions of quality. For example, choice and value for money tended to be considered of high importance in discussions about retail services:

"Having like a wide range of things to choose from. Something that is not like too expensive that is still really nice."

Girl, 14 years, Remote Town/Rural, non-deprived, higher income

Discussions about service quality also highlighted features associated with poor quality retail services, as revealed in the following quote:

"Sometimes, it's bad service and sometimes they don't serve you till last and you stand in a queue and they serve the other person before you."

Focus group, 10/11 year olds

Young people's accounts also suggested that security staff in retail provision could be associated with negatives ('watching over you') as well as positives ('helping to keep you safe').

The box below illustrates a cluster of features viewed as important determinants of quality in health services.

Box 6.1 Children's perceptions of quality determinants in health provision

POSITIVES
<ul style="list-style-type: none"> • Proximity • Premises not too large in scale • Responsive • Work together • Services free at point of access • Welcoming staff • Environmental factors (cleanliness of a health clinic or hospital) • Design features (for example, having automatic doors to assist entry to premises for wheelchair users) • Child-friendly provision (such as a waiting area with toys for children).
NEGATIVES
<ul style="list-style-type: none"> • Waiting times – both the length of time required to wait for an appointment as well as long waiting times when attending for appointments. These were most frequently associated with attending appointments at GP and dental surgeries, as well as hospital appointments; • Lack of specific provision for young people such as waiting areas for young people. Young people generally thought that whilst there were spaces set aside for younger children with toys, there was seldom any provision available for their own age range; • Lack of local provision necessitating travel to other areas to access health services. This was raised by young people both in terms of a lack of certain specific equipments (as in the Remote Town/Rural case study area), and in terms of lack of facilities to treat young people (as in the Accessible Town case study area); • Specific concerns about the quality of certain aspects of provision. For example, perceptions of poor quality food in hospital was a concern raised by one young man who noted that during a hospital stay lasting several weeks, his mother brought him sandwiches every day because he was unable to eat the food provided by the hospital.

6.5 EXPERIENCES OF CONSULTATION AND PARTICIPATION

Children's experiences of consultation and participation reported in this study tended to be relatively limited on the whole, as this did not form one of the areas of focus for the study. Nor were young people recruited on the basis of their prior engagement in any formalised mechanisms for consultation, such as school councils or youth forums. However, there were a number of different ways in which young people described being involved, either informally or formally, in some form of consultation or participation which are relevant to report.

Young people's knowledge about routes to engage with service providers regarding service improvement emerged as a key issue, because study participants did not necessarily know who to approach with their ideas for service improvement. Some children living in the larger town in the Remote Town/Rural area described how community wardens were one potential route: '*...they think of things that can be done better in the community*' (Girl, 10 years, Remote Town/Rural, deprived, lower income). Children in other case study areas frequently described how they did not know whom they could approach: for example, one young woman (13 years, Accessible Town, non-deprived, higher income) highlighted her concern about not knowing who she could contact at school regarding different school-related issues she thought needed to be addressed.

Young people's experiences of consultation/participation on occasion included their proactive engagement with service providers regarding service improvement. For example, a young woman (13 years, Remote Town/Rural, deprived, higher income) described how she and her friends had gone to a bus depot in the nearby town to '*write a comment*' indicating their view on the need for a particular bus route to be introduced to connect their village with another local village.

Views were also expressed regarding participation in service delivery. Several were of the opinion that young people were not sufficiently involved, although also highlighted their perceptions of potential problems associated with young people's ongoing involvement, as illustrated by the following:

"It would be better if young people could make their own places or do their own activities. Some do this, they run the club, but then they don't do this for long, they get bored or don't turn up every week."

Girl, 14 years, City Estate, deprived, lower income

This young woman went on to comment, however, that local authorities should involve young people to a greater extent in planning and developing their own youth clubs:

"So maybe the Council should give the money to young people to make their own clubs. They would make a club that has exactly what young people want."

Young people's comments suggested that engagement and consultation were of particular importance regarding certain services such as parks. Only a few study participants had been involved in consultation exercises, such as one ten year old girl in City Estate who had given her input to design suggestions for a local park via her school.

In terms of participation during service delivery, several described previous such experiences whilst others were of the opinion that they should be more involved. A number of 10 and 11 year olds who attended a voluntary youth club in their local village described how children voted on which games and activities to do during these sessions, and thought the introduction of choice in this way helped to ensure their enjoyment of the sessions.

Few young people indicated any involvement in broader consultation exercises. Only one young person described being significantly so involved: this was through her participation in a local young carer's project.

A concern highlighted by young people was the possibility that service improvements would not necessarily follow from consultation. For example, children aged 10/11 years in the Remote Town/Rural area described how plans to build a skate park in the nearby park had not yet come to fruition.

6.6 CHILDREN'S PERCEPTIONS OF PRIORITIES FOR SERVICE IMPROVEMENTS AND ASPIRATIONS FOR CHANGE

Children were asked to comment on their perceived priorities for service change and longer-term aspirations. Their views of what actions were needed were varied and often reflected personal interests. Whilst a few were unsure of what changes they would like to see, or were of the opinion that they thought local services were fine as they are, most did suggest a number of service improvement priorities or aspirations for their local area.

There was considerable concurrence on many issues, both across the three case study areas, and across more and less affluent cohorts. For example, the desire for cheaper services (particularly cheaper leisure services such as cinemas) was frequently raised by both more and less affluent children across the study sample. There was also broad agreement across the study sample on the need for services, particularly leisure services, to be available within walking distance of where young people lived, in order for them to be accessible. In terms of leisure and recreation, greater opportunities to attend youth facilities, including places where young people could meet others without the need to take part in structured activities, was also widely mentioned:

"Somewhere you could just go there to just hang around and talk and things like that, and other places where you can go to do something."

Girl, 13 years, Accessible Town, non-deprived, higher income

In the City Estate, this need was particularly striking. Young people there also desired improved local access to a range of leisure facilities, from cinemas and theatres to places for young people's clubs, and for places where young people could meet others and enjoy themselves:

"They should build more places for young people. In [City Estate], there are so many empty spaces and empty buildings, they used to be like houses and they knocked them down, and now there is nothing there, just empty space. It would be useful to build lots of buildings where they could have clubs, or drama clubs, dancing clubs."

Girl, 14 years, City Estate, deprived, lower income

"They would need places that are fun and that make young people come together, make them take care of places rather than vandalise them."

Girl, 14 years, City Estate, deprived, lower income

Young people growing up in remote and rural areas highlighted their aspiration for access to a wider range of leisure facilities in their local area, which would give them greater variety of things to do and more opportunities to meet other young people. It was also suggested that young people's choice of leisure services in such areas could be improved through trips being arranged to other areas. The potential of improving frequency and ease of access to existing services was also raised, as highlighted by one young girl with regard to her local community centre:

"[]... you would be able just to walk in, go into one of the rooms and be able to do something instead of it just being every now and again it is open."

Girl, 11 years, Remote Town/Rural, deprived, lower income

Children particularly wished for access to more separate spaces where they could meet independently of adults. One young man highlighted the need for such separate spaces where young people could go to *'be with you pals and play snooker and that'* (Boy, 13 years, City Estate, deprived, lower income).

Improved facilities within parks was an important aspect highlighted by many young people from all the case study areas, in particular the need for better play facilities, better use of space and separate areas for children of different ages. A number of specific service improvements were also suggested, including changing the chip-wood around play facilities in parks for grass or soft tarmac, putting fences around parks to help young people feel safer, and ensuring community warden presence to help young people feel safer. Young people in the City Estate case study area highlighted the need for more parks in the area, and for better maintained park facilities: *'A park with better things as well, and not broken and all that'* (Girl, 10 years, City Estate, deprived, lower income).

With regard to health services, key improvements desired included waiting areas for young people as well as for younger children and improved access to health services – such as ensured access to school nurses and more doctors to reduce waiting times associated with accessing GP surgeries. Some specific service improvements were also raised such as greater privacy by improved screening around hospital beds, particularly in rural areas where people might know each other, and extended hours (e.g. during evenings) to access health services.

In terms of retail services, children in every case study area were interested in having more local shops offering a broader range of choice than they perceived to be currently available. In remote rural areas this aspiration was particularly striking. Young people growing up in remote areas wished for improved choice in local shops, and improved access to retail services:

“Make sure like everywhere had got places where they can buy bread and milk and do their shopping, like in villages and things like this.”

Girl, 10 years, Remote Town/Rural, non-deprived, lower income

The need for improvements in the quality of local shopping facilities were especially highlighted by young people living in the City Estate where the local shopping centre was currently perceived as offering limited choice and having too many environmental hazards (drug taking; needles etc). Suggestions included better neighbourhood shops and improved retail provision for children: *‘Put more things in the shops that children can buy, not just for adults’* (Girl, 10 years, City Estate, deprived, lower income).

Other general suggestions for improved retail services for children included more respectful treatment of children by retail staff, better support to children, such as greater use of signage in shopping centres, and somewhere children could wait for their parents.

Children and young people of both younger and older age groups stated their desired aspiration for better quality environments related to local service use, such as less vandalism and less litter in local areas and in local services such as parks, shopping arcades and centres.

Children also highlighted the need for improved publicity of local services available for young people, both to young people and to their parents. This included the aspiration for the production of child-friendly information about services:

“Maybe like trying to make it more childish because it’s all loads of writing and things, maybe have some pictures and things on the stuff that comes through the post.”

Girl, 10 years, Remote Town/Rural, non-deprived, higher income

6.7 THE IMPORTANCE AND MEANING OF SERVICES WITHIN THE WIDER CONTEXT OF CHILDREN’S LIVES

The research aimed not only to explore children’s use of services, but also the role of services within the context of their lives more broadly. The analysis presented below highlights how a range of influences including neighbourhood characteristics and relative household affluence shaped the meaning and importance of different services for individual young people.

Use of services versus use of other local resources

When discussing leisure services, young people across all three case study areas described activities they were involved with which were not directly related to service use, but which remain relevant to discussions about services because they formed an important dimension of young people’s lives, and provided alternatives or even substitutes to services for some young people. This suggests that the meaning and importance of services within children’s lives was related to the extent to which they were able to access other resources through their families, friends or local communities.

Informal spaces as alternatives and substitutes for formal services

Private and public informal spaces featured prominently during focus group and interview discussions. Private spaces, including home or the home of a friend or family member, were particularly important places. Frequently, younger children described how they were able to access certain private resources via friends not available through their own household. A striking example of this related to a favoured activity at the time of the fieldwork – trampolining – where children in both the Accessible Town and Remote Town/Rural case study areas described time spent at a friend’s house playing on a trampoline. This was particularly the case for some children from lower income households who could not afford their own trampoline or who did not have enough space. Children living in the less diverse City Estate area tended to have friends who also lacked these resources. These issues are explored in greater detail in Chapter 9.

Some public spaces, notably parks, are regarded as services, but there are other less official spaces that can perform similar functions (Holloway and Valentine, 2000). Children and young people also highlighted the importance of public free spaces such as areas to the front or back of houses, on the street or grassy areas near their homes. These spaces were important for playing street games, riding bikes or spending time with peers or siblings.

Some children were making positive choices to spend time with friends in informal public spaces across their local neighbourhood (cf. Matthews, 1992; Matthews et al, 2000; Ross, 2002):

CHILD *" []... That's near my street but. We play there, we play outside, we play round the back, we play round at the shop, play up at [a friend's] street, play down at the shopping centre, play at the park, just play everywhere."*

INTERVIEWER *"And what do you play?"*

CHILD *"Just play all different games. Sometimes annoy the boys. Sometimes they just, like, walk around and start trouble."*

INTERVIEWER *"And what's that like? What do you like about hanging about?"*

CHILD *"It's... when you're, like, in a certain place and you always go there it can get boring but to go different places and you're just hanging around with your pals, it's quite funny."*

Girl, 10 years, City Estate, deprived, lower income

For others, it was apparent they played on the street because of a lack of suitable alternative facilities or places to go:

INTERVIEWER *"[]... and where do you hang about, if you want to hang about with friends, where would you go?"*

CHILD *"Just in my street or up their street. We would walk down to my street and then back up to her street and then keep walking."*

Girl, 10 years, City Estate, deprived, lower income

Occasionally, young people mentioned facilities developed locally to supplement or improve the informal spaces available to them:

CHILD *"Oh, and in [name of village] people like to hang around, and everyone hangs about the bus shelters and they are always flinging stones and smashing windows but we have got two pods in [name of village] that are not getting finished and you can sit on the base but they have got no seats..."*

INTERVIEWER *"[]...Pods, okay. What are pods?"*

CHILD *"They are things to sit in and you can hang around with your friend and things."*

Girl, 10 years, Remote Town/Rural, non-deprived, higher income

Other resources and spaces were used as an extension of 'the street'. Many young people described places within their neighbourhood which had been requisitioned by particular groups of young people, or which young people tended to use on a regular basis. In this way, young people's accounts highlighted how they made use of the resources available within their local environment. These differed considerably by case study area, reflecting different local environments, with rural-urban contrasts particularly striking.

The kinds of open spaces described in urban areas (street spaces, grassy areas, disused or waste grounds, derelict buildings) were different from those mentioned by from children growing up in rural environments, who tended to have greater access to natural resources locally such as rivers and beaches, as well as fields and woodlands:

"That [shows photograph] is where all the fishing boats come in. And sometimes we will play games down there and we sometimes stand along there and you can build up little stones and pretend that is your house and things. And sometimes we go paddling."

Girl, 10 years, Remote Town/Rural, non-deprived, higher income

In both cases, however, access to these spaces was frequently shaped or constrained by adults. Young people living in rural locations described for instance the importance of having permission from a local farmer to play in a field adjacent to their village, although they could also access the harbour or beach. Young people in urban environments were on the whole more restricted in terms of the spaces that were available to them than young people in rural areas. In the City Estate, one young man described a derelict building as a key place he spent time with friends, even though it was associated with various environmental hazards such as dangerous building structures and dirty needles littering the ground. The reasons for using this place reflected constraints placed on young people in the area by the police:

"[There's] nothing, just empty space and that's where the police said we were allowed to hang about." 13 years, deprived, lower income

However, young people living in deprived urban areas also pointed to positive features within their neighbourhoods, as illustrated by one boy when describing places to play in his local neighbourhood:

INTERVIEWER *"What else, the parks - do you ever use parks?"*

CHILD *"Aye, I have [name] Park near me and then I have got the flats and then you go round there is kind of something like a wee fenced off area it is safe and wardens around it and that to stop. The flats are unsafe now because people have burst ... you know how they stick and you have to press a buzzer well people have knocked the magnet off so you can just pull the door now."*

Boy, 10 years, Remote Town/Rural, deprived, higher income

Informal spaces were given meaning by children through their use of these spaces. For example, some spaces were associated with positives, such as a place to play games of 'kerbie', 'man o' war' or 'buzz off', and others with negatives, such as a place to avoid getting into trouble with the police. Young people's descriptions were often rich in detail, demonstrating the significance of features within these spaces for individuals and their friends:

CHILD *"We usually just play a game of hidey up there... that is just like ... see that tree over there it is just down there we play."*

INTERVIEWER *"Oh, and there is a grass bit down there?"*

CHILD *"Aye, we have got the grass. We will usually play over from the tunnel, all the way down to the owl, up to my bit, up past my bit."*

Boy, 10 years, Accessible Town, deprived, lower income

Young people from less affluent households tended to spend more time in the street, whereas children from higher income households generally described alternative private spaces (e.g. gardens) available to them to spend their time. More affluent young people also tended to spend more of their time engaged in organised activities. In contrast, children from less affluent households typically spent their free time in less structured activities, hanging out with friends and playing games which required either no or limited equipment, reflecting findings from previous research (Butler, 2003; Lareau, 2002, Livingstone, 2002) highlighted in the literature review. As such, informal spaces tended to be of particular importance to children from lower income households. Such differences between poorer and more affluent children in terms of how they spent their time reflects an important dimension of inequality of opportunity for children growing up in poorer households.

6.8 VARIATIONS IN THE USE OF SPACES AND SERVICES

The ways in which children and young people used services and spaces varied considerably, particularly on the basis of age but also reflecting individual preferences, gender differences, temporal factors (seasonality; time of day), and the nature of the local area. Thus, a particular service may have different meanings associated with them for young people dependent on these factors. For example, parks were used by some of the older young people as a place to hang out and meet friends rather than to use the facilities such as swings and slides which were popular with the younger age cohort. Boys frequently described playing football in the park, whilst girls were more likely to describe meeting their friends to talk and walk around.

Seasonality was a key factor influencing how young people spent their time, with the contrast between summer and winter months often highlighted in terms of the amount of time spent indoors or outside meeting friends and playing. Seasonality also affected the frequency with which some services were used, as illustrated by the following in which a young woman describes her frequency of use of the local swimming pool in the summer:

"I don't go that often. In the summer we swim outside in the rivers."

Girl, 13 years, Remote Town/Rural, deprived, lower income

Children's accounts also highlighted how services were not always used according to their function, but rather reflected young people's ability to use services in ways that suited their own needs. For example, young people's descriptions frequently highlighted shops as congenial recreational spaces rather than as retail services for the purpose of purchasing goods. However, this could result in conflict with service providers, with young people describing instances of being asked to leave a service premises by retail staff.

6.9 CHAPTER SUMMARY

Above all, the data illustrates the great variety of services children interacted with on a routine and specialised basis, across public, private and voluntary sectors, and including those accessed to meet individual needs or wishes as well as public good accessed through living in a community, during the course of their everyday lives. Although children and young people indicated that they did not usually organise their thinking and communication about use of professionals and agencies in terms of 'services', they were very proficient at discussing specific services, with comments reflecting a clear understanding of services, both as a means of taking part in activities, and as sources of help and support. The research findings point to the sophisticated understandings young people often demonstrated regarding services, and the highly informed nature of discussions about local services they both instigated and participated in. However, discussions related to services tended to be grounded in concrete terms, rather than at a more abstract level.

Young people highlighted the perceived benefits of service use. Discussions were dominated by a focus on the perceived benefits of leisure and recreation services rather than on the direct or primary benefits associated with education, health or other such services. Short-term functions and benefits of services were emphasised, with only more occasional mentions of longer-term implications such as the development of skills. Benefits to individual young people included:

- Opportunities to participate in activities;
- Having 'a place to go' – particularly valued services included those which provided young people with the chance to meet others in a safe environment, offering alternatives to spending time hanging out on the street;
- Opportunities to maintain and develop social networks through meeting up with existing friends and meeting new people;
- The chance for space and time to themselves, or even a relief from tensions experienced within other aspects of their lives, such as families;
- Opportunities to travel outwith young people's own localities, thereby widening the opportunities available to them;
- Access to help and support, including - both practical support as well as support which enhances well-being, including through specialist support services;
- Opportunities to develop new skills and expertise.

Benefits at the neighbourhood and community level were also highlighted, such as the benefits of those services which led to cleaner and safer streets, and wider community benefits which might be associated with their engagement with leisure services, such as *'keeping children off the streets'*.

Children also highlighted those aspects perceived as key components of quality in service provision. These included:

- Service accessibility, including location, opening times and level of open versus restricted access;
- Services which were safe to access and were provided in welcoming physical environments;
- Positive staff attributes, such as the importance of friendly, caring, approachable and welcoming staff; staff who exhibited positive non-judgemental attitudes (with evidence of a clear link between staff attitudes and young people's willingness to engage with services); staff qualities such as trustworthiness and confidentiality, particularly viewed as important with regard to health services; and continuity of staffing, especially for services requiring one-to-one contact such as health services;
- Service affordability.

Reported experiences of consultation and participation tended to be relatively limited overall, although this was not a feature the study sought to explore in depth. A number of different ways in which young people had been involved, either formally or informally, in some form of consultation or participation, were however highlighted, raising a number of key points:

- Study participants did not necessarily know who to approach with their ideas for service improvement, highlighting the importance of young people having knowledge about routes to engage with service providers on such issues;
- There were only occasional reported experiences of proactive engagement with service providers regarding service improvement;
- Consultation was viewed to be of particular importance for certain services of which they are key users, such as parks. However, few children had previous experience of such involvement;
- Overall views expressed regarding participation in service delivery included concerns young people were not sufficiently involved; the potential problems associated with sustaining ongoing involvement of young people; concerns that consultation did not necessarily lead to service improvements.

Perceptions of priorities for service improvements and aspirations for change described by young people were varied, often reflecting personal interests. However, there was considerable concurrence on many issues, both across case study areas and across affluence groups. Across the board, children highlighted their aspirations for:

- Access to cheaper services, particularly cheaper leisure services;
- Optimal location of services, ideally within walking distance;
- Greater opportunities to attend youth facilities, including places where young people could meet others without needing to take part in formally structured activities;
- More separate spaces to meet other young people independently of adults;
- Improved facilities within local parks, such as better play facilities, better use of space and separate areas for children of different age groups;
- Health service improvements such as waiting areas for young people as well as for younger children in health facilities, ensured access to school nurses, more doctors to reduce waiting times for GP appointments, greater privacy in hospital wards, and extended health facility opening hours (e.g. during evenings);
- Improvements to retail services through more respectful treatment of children by retail staff, and better support to children in retail services (e.g. greater use of signage in shopping centres; provision of children's waiting areas);
- Better quality environments related to local service use, particularly less vandalism and less litter;
- Improved publicity of local services available to young people, both for children and their parents, including child-friendly information about services.

For children living in the City Estate, particularly striking were perceptions of the need for improved access to a range of leisure facilities, from cinemas and theatres to young people's clubs, as well as less formal youth facilities to meet other young people. They also raised the need for improvements to local retail facilities, as shopping there was currently viewed as offering limited choice and being in an unsafe environment. They wanted improved neighbourhood shops and more retail provision specifically for children.

At the other end of the urban/rural spectrum, children living in remote and rural areas highlighted their aspirations for access to a wider range of leisure service facilities in their local area, improved choice of leisure services through trips to other areas, and easier access to the existing facilities. They also highlighted their desire for greater choice in local shops, and access to more shops in the local area.

The meaning and importance of services for children also reflected their access to alternatives and substitutes to services, especially as gained via informal spaces. These spaces were used differentially and were of varying importance for young people, reflecting both the resources available to them, the presence of adult-imposed constraints on their use of spaces (such as police and private landlords) and the characteristics of the local neighbourhood. This meant that significant variations existed in the extent to which their recreational and other needs were met in the local environment, with consequences for their motivations for use of more formal services. Children and young people's use of spaces and services available to them also reflected personal choices shaped by gender, age and individual preferences.

The research findings highlight those factors influencing the extent to which children and young people have access to and use alternatives or substitutes to services such as informal public and private spaces. Neighbourhood factors, such as position on the urban/rural spectrum, and relative area deprivation, play a key role in determining the alternatives or substitutes that exist within a given area. Relative affluence is a further important determinant, shaping young people's access to the resources that provide these alternatives or substitutes. Informal spaces tended to be of particular importance to children from lower income households. Such differences between poorer and more affluent children in terms of how they spent their time reflects an important dimension of inequality of opportunity for children growing up in poorer households.

THE ROLE OF ADULTS AND PEERS



7.1 INTRODUCTION

A number of key influences on young people's access to and use of services were explored in this research including the role of adults and peers. An exploration of adult mediators was a key initial study objective, whilst the role played by peers was an important aspect to emerge from the data. This chapter aims to describe these roles from the child's perspective and how they interact with factors such as household poverty and children's age in influencing service access and use.

The research identified a number of roles through which adults and peers supported and enabled young people to access services. These roles can be broadly considered within the following framework:

- a. Support prior to engaging with a service:
 - Information and communication about services;
 - Encouragement/support to access a service (indirectly by advice, parental attitudes to services or expressing interest in a service; encouraging words or offering to accompany to a service);
 - Formalised access arrangements - providing consent, when needed, or other joining support such as membership.
- b. Support to engage with a service:
 - Initiating and arranging to go;
 - Facilitating travel to a service, including meeting costs;
 - Helping to keep safe en route to, or at, a service;
 - Involvement in the experience of the service: including accompaniment, support, advocacy, supervision, control or constraint, and joint use of services.

7.2 ADULTS AS MEDIATORS

The study sought to explore the roles adults played to enable children to access services as well as examining overall which adults mediated children and young people's access to services. The role of different adults in children's lives, and the importance of such roles relative to household poverty and age are discussed below, notably in relation to parents, teachers, youth workers and other specialist supporters.

Adult mediation was found to differ widely according to the service domain under consideration. It appears that some services, such as health, were strongly mediated by adults across both age groups under study, whilst others were mediated differentially depending on a range of factors including age, individual preferences and service location.

Parental mediation

Parental mediation was the key form of adult mediation described in children's accounts. The following sections explore the types of support parents gave prior to engagement with service and support to engage with services raised during children's accounts.

Support prior to engaging with services

Prior to young people's engagement with services, parents played an important function through the provision of *information and communication* about services, and assisting with access to supportive networks. The majority of young people across both age and affluence groupings who took part in the study highlighted their primary reliance on parents as a source of information about services:

INTERVIEWER "If you wanted to find out information about something, where do you think you would go first?"

CHILD "Usually my parents, they are quite good for knowing things."

Girl, 13 years, Remote Town/Rural, non-deprived, higher income

"If I needed health services I would just tell my Mum and she would find out for me." Boy, 14 years, Remote Town/Rural, deprived, lower income

Encouragement and support for young people to engage in services offered by parents took a number of forms, including encouraging words offered by parents, implicit or explicit attitudes which encouraged children towards involvement, or offering advice. Some children seemed to be very much encouraged by their parents to engage with a range of services, with parents having positive attitudes to their involvement. This often translated into high levels of more practical parental support for children's engagement with services, as described below.

A number of services accessed by children and young people required some form of *formalised membership or access arrangement* that parents had to apply for on behalf of a child. Parental involvement and consent in applying to discount or access schemes was a particular feature of young people gaining entry to cultural and leisure services. For example, access to certain universal services required parental completion of an application form (e.g. library cards or leisure access cards). A number of schemes described by young people offered discounted or concessionary prices for services such as leisure centres. In this way, parental mediation could facilitate access for children in lower income households:

CHILD "You get a form and fill it in then you send it away."

INTERVIEWER "Do you do it or does your mum do it for you?"

CHILD "My mum does it and she gets it and puts on your age and that and you send it away and you get a kids card."

INTERVIEWER "And do you use it?"

CHILD "I go swimming with it."

Girl, 10 years, City Estate, deprived, lower income

Poverty did not appear to be a key influence in terms of the extent to which parents provided information, encouragement and support prior to their children engaging with services. However, there were a small number of young people across both age groups who participated in the study for whom such support was more limited, and it appeared that this constrained the extent to which these children were aware of or participated in various services. It was not possible for the research to explore in any depth the reasons for such instances of more limited parental support to children prior to their engagement with services, as parent's perspectives were not sought in this study, but it is likely that this may have been due to a range of factors including lack of parental awareness or knowledge of services, limited parental 'voice' (see Chapter 2), parental attitudes to services and other issues such as time constraints arising from other parental roles and responsibilities. Although not mentioned by children, it is likely that parental consent related to formal access arrangements or membership would also be dependent on a number of factors, including parents being both sufficiently involved or interested in the service and having sufficient literacy to support the consent or application process (see Chapter 5).

Support to engage with services

This section explores parental support engaging with services with respect to the three specific service domains which the interviews concentrated on, namely health, leisure and retail services. These highlight some of the differences in the mediation role and the impact of this on young people's use of and experiences of services.

Parental mediation and young people's access to health services

The importance of parents, mainly mothers, in mediating access to health services was a key finding with respect to young people's use of services, and supports the findings of earlier research (Brannen et al, 1994), though peers and teachers play a part at school (Mayall, 1996).

Across age, gender and household affluence cohorts, nearly all study participants described how their mother took on the role of securing health-related appointments. None of the study participants reported having made an appointment with a doctor themselves, although a small number of 13/14 year olds had tried to make an appointment for themselves. One young woman (13 years, Remote Town/Rural, deprived, low income) described how when she sought to book an appointment she had been told by health centre staff that she was too young to access health services independently and would need a parent to make an appointment for her.

Parents (mainly mothers) nearly always accompanied children on journeys to health services, and facilitated travel to health services where services were beyond walking distance. Trips to access specialist health services outwith the local area often involved more complex arrangements and journeys which parents tended to arrange.

All children in the younger age group and the majority in the older age group described how parents accompanied them into appointments. Young people's accounts suggested the dominant dialogue was sometimes between health professionals and their parents, rather than between young people and the health professional. However, others highlighted how health professionals sought a balance in dialogue between a young person and their parent:

INTERVIEWER *"Okay, so she [your mum] would be there when you talked. And would the doctor talk to you or would the doctor tend to talk to your Mum?"*

CHILD *"It is kind of in between, like some questions they would talk to you and some questions they would talk to your Mum or that."*

Girl, 10 years, Remote Town/Rural, deprived, lower income

There were only occasional instances where children described being accompanied by another adult, such as a grandparent, or of going independently. Indeed, there was some evidence amongst the 13/14 year old cohort of young people beginning to access health services on a more independent basis, but the parental role remained significant:

INTERVIEWER *"Okay, and would your Mum actually come with you [to the doctors]?"*

YOUNG PERSON *"It just depends, sometimes if she is working and I will go down myself, or if she is not working then she will either wait in the waiting room or come into the actual doctor with me."*

INTERVIEWER *"And do you decide that, whether she actually comes in with you or not?"*

YOUNG PERSON *"Yes."*

Girl, 13 years, Remote Town/Rural, non-deprived, higher income

Also of importance in children's accounts across both age and affluence groups was the role of a parent as a reassuring presence when attending health-related appointments. This was particularly important as health services tended to be viewed as an actual or potential source of anxiety or threat by parents and/or their children in contrast with most other service domains which did not tend to be associated with such concerns. The following quotes illustrate how the presence of parents were supportive to young people during routine appointments:

"Well when my Mum is [at the dentist], and then sometimes when I was first there she had to hold my hand and I said "let go", so like I could get used to it. So that is what made me not scared any more..."

Girl, 10 years, Accessible Town, deprived, lower income

"I would rather have [my mum] [at the doctors] because I feel more relaxed."

Girl, 13 years, Remote Town/Rural, non-deprived, higher income

By contrast with the comforting role of parents, which was often welcomed especially by younger children, some of the older young people expressed concern about their parents being too involved. This was raised particularly in terms of confidentiality and sexual health, which became a more prominent issue during and after puberty. In a focus group discussion with 13/14 year olds in the Remote Town/Rural area, young people described the importance of access to confidential health services who 'would not tell your parents', and described a local project where they could contact a confidential health clinic operated as part of a youth club. The key factor of importance here was that the health care professional running the clinic was already known to them through another role, and was considered trustworthy and confidential. However, there were lingering concerns raised related to whether 'they might know your mum'.

Parental mediation was also crucial in terms of young people accessing prescription items and medications. Children noted they were too young to go unaccompanied to a pharmacist with a prescription.

Whilst the great majority of study participants described the positive impact of their parent's role in terms of their access to health services, there were a small number of instances where young people who participated in the study described a much more limited role undertaken by parents regarding health service access, and who indicated only rare engagement with any type of health service, such as for one young person who had only received dental treatment via dental visits to their primary school. These few instances were reported by children living in lower income families. There were also rare instances described where health issues had been detected by others, such as their school nurse, rather than through parental support. This suggests that there are a small minority of children from lower income households, who may not be receiving much support from parents to access and engage with health services, although it also points to the need for further research to explore these issues in greater depth.

Parental mediation and young people's access to leisure services

Young people's accounts highlighted the varied extent to which parents were engaged in mediating their access to leisure services. This differed considerably across the study sample by factors including age, relative household poverty/affluence and neighbourhood context. It was also shaped by proximity to leisure services, with young people living further away from services often being accompanied by parents who supported young people's journeys to and from services, either through providing transport or accompanying children on foot or by public transport. There was evidence of a greater role for fathers in supporting their children's access to leisure services than was the case for health services.

The findings suggest that young people from lower income households tended to access leisure services more independently than those from more affluent households. Young people from more affluent households tended to be more frequently taken to and from leisure services by parents – 'my mum takes me' – or to attend leisure services with family members as part of a day trip, whereas young people from less affluent households tended to be more likely to attend independently, often accompanied by friends. However, the pattern was not uniform as other factors such as age and neighbourhood characteristics (e.g. perceived safety of the area) also impacted on levels of parental mediation. The extent to which this pattern was related to material resources associated with parental income levels are considered in Chapter 9.

Levels of parental engagement were also related to parental free time. Indeed, the interaction between parental time and children's time was an important factor related to young people's access to leisure services. On occasion, children's descriptions highlighted being unable to attend certain services because of parental family, work or other commitments, or conversely of attending certain services such as after-school clubs because a parent was at work. Children whose parents were involved in shift-work, working evenings and/or weekends, described how this impacted on their own participation in various leisure activities.

For example, one young boy (10 year old, Accessible Town, deprived, higher income) described how his parents were both involved in shift work at weekends, so he tended not to access many leisure services unless his father was off work, when he often took him to the local golf range.

Young people reported how their participation in a particular club or leisure activity was frequently directly related to a parent's involvement. Examples included parents volunteering at or being involved in establishing local youth clubs and sports clubs. There was evidence that parents joined activities as a child-centred process – such as in one instance where a mother had become a volunteer at a choir her children sang in. Also, on occasion some encouraged their children to accompany them on something they wished to do as adults, such as fishing trips or golf. In other instances, the extent to which parents were engaged in supporting their child to access leisure services appeared to be more related to their overall levels of support towards their child's access to services more broadly.

Therefore, the evidence suggests that children from both more and less affluent households could 'miss out' on opportunities for accessing leisure services as a result of limited parental support because of issues such as parental interest, or constraints on parental time, particularly when adult mediation was a pre-requisite to service participation. Indeed, it was apparent that limited adult mediation formed a barrier to access to leisure services for some young people, especially for younger children in the study who were more dependent on an adult for taking them to and from leisure facilities:

"A lot of things, people need to take an adult with them to go and that is not really much help, because I can't go with an adult. I don't have an adult to go with me."

Girl, 10 years, Remote Town/Rural, deprived, lower income

It is not possible from the current study to determine other possible drivers behind the apparent variance of parental engagement in mediating children's access to leisure services, such as parental knowledge or attitudes to services. Once again, this suggests the need for future research, possibly including parental perspectives as well as a more in-depth exploration of children's perspectives on these issues.

Parental mediation and access to retail services

Parental roles regarding retail service access were broadly similar to access to leisure services roles. Often, children's accounts indicated that they accessed many retail services through a parent – for example, going to the supermarket and helping with the weekly shop, or going clothes shopping. Younger children tended to describe their parents as the decision-makers in purchasing decisions, whilst there was increasingly independent access by the older group.

An aspect of retail experience where parental mediation was crucial was with respect to buying online. Parents of younger children often undertook the role of finding as well as purchasing products for young people. Children from both age groups described how a parent was required to purchase items from the Internet for them with their debit or credit card, due to young people's lack of access to financial services (such as a bank account with debit/credit card facilities).

In relation to retail services as well as leisure and health, parents were also described as providing a safe presence, particularly for 10 and 11 year olds, without which a young person may have failed to access a range of services:

INTERVIEWER *"Would you go to any of these [services] independently, or would you always go with an adult?"*

CHILD *"Mainly adult."*

INTERVIEWER *"Mainly with an adult, okay. And do you think ... what do you think an adult does in helping you to get into and access these services?"*

CHILD *"Because a lot of big people go there, so my Mum or my Dad comes with me."*

Boy, 10 years, Remote Town/Rural, deprived, higher income

Mediation via other family members

The study findings suggest that, especially where young people lacked strong parental involvement, the potential for mediation through other family members could enable young people to access and use various services. Extended family members, such as aunts, uncles or grandparents, often played a key part in supporting young people within their family. Older siblings also played an important role for some young people, often introducing them to particular leisure activities through their own involvement, although for many young people with siblings, the role played by their older siblings in terms of supporting them to access any services was relatively limited.

Friends' parents also played a key role on occasion in terms of mediating young people's access to leisure services, as discussed in the following section on the importance of peers on young people's use and perceptions of different services.

7.3 AGENCIES AND PROFESSIONALS AS MEDIATORS

In addition to the key role played by parents, those working in voluntary or statutory services undertook an important mediation role. This section explores the role agencies played and the significance of these roles in terms of mediating young people's access to services.

The role of the school

In terms of service-related mediation, across age and relative affluence schools emerged as the key mechanism mediating young people's access to a range of services and information about these services, as well as providing a source of support to young people if needed:

INTERVIEWER *"If it is not parents, who else might it be that can help, you know, maybe suggest that somebody might want to go along to a certain service?"*

YOUNG PERSON *"It is really just the school. I mean it is pretty obvious that your Guidance Teacher is going to speak to you about something and ask you what you are going to do and all that. And we have got pupil notes and they read out the [local youth club/young people's health clinic] times and all that, they read stuff out and they say 'can we try and make a team for such and such?' They do try their best and all that."*

Girl, 14 years, Remote Town/Rural, deprived, lower income

The role of the school in mediating access to services took place at a number of different levels:

Level 1: curricular/classroom

Schools played a role in providing health related information. This was typically provided via teachers during Personal and Social Education (PSE) classes but also in other ways, such as through offering healthy eating advice in Home Economics.

Access to opportunities such as learning a musical instrument via classes held as part of the curriculum were an important aspect of the school's role for some children, particularly those from low income households as these classes did not have any costs associated with participation.

However, some children from lower income households were unable to access certain provision either via the school curriculum or other non-school routes. For example, children at one primary school described how they would not have swimming lessons until P7. Several children in this group from lower income households described how as a result they had not yet had the opportunity to learn how to swim.

Level 2: extra-curricular activities at school

School-based extra-curricular sports and music activities were frequently highlighted as important aspects of school provision, as well as after-school clubs such as computer clubs and dance classes. Often, these formed the only opportunity children had to take part in these activities, particularly for those from lower income households. Schools also provided young people with access to other services and opportunities, such as trips to adventure centres, art galleries and theme parks. Several young people, all of whom were from lower income households, indicated they were unable to participate in such services alternatively or that the cost would otherwise be an issue:

"I like more theme parks. There is one in Glasgow, we went there with the school, for a fun day. It was just half a day, I wish it was longer, we arrived at 10 o'clock and we left at lunchtime. And they gave us a special price, like £2 or so, the rest was paid by the school, it was great."

Girl, 14 years, City Estate, deprived, lower income

Level 3: co-located services

Young people also discussed the role of their school in facilitating their access to co-located services, such as certain health services. A number of young people from lower income households had only received certain health services via school. This predominantly applied to dental services, provided via dentist visits to primary schools. School nurse contacts in school tended to be viewed positively by young people:

"Well they have a lot of information and leaflets and things that you can take, and you can go and talk to her and things."

Girl, 13 years, Accessible Town, non-deprived, higher income

However, not all young people thought they had access to school nurse services.

Young people also highlighted the importance of access to other services that were co-located with schools. For example, several study participants reported their only access to a library as being via school.

Level 4: access to external universal services

Many young people talked about getting a 'letter home' from school which provided information about local services and clubs, particularly about local classes such as sports and dance. Other routes through which children described accessing information to other external services included assemblies, school notice boards, or through individual staff members.

"They send letters home and they sometimes have assemblies - I think we have one every month usually and we have a talk about what is happening and what is going ... what is coming up."

Girl, 13 years, Accessible Town, non-deprived, higher income

A number of the young people perceived that schools could play a greater role in providing information to parents about local services and opportunities for young people, possibly via parents' evenings and other routes.

On occasion, schools also facilitated children's access to external health services through provision of information. In the Remote Town/Rural area, focus group participants aged 13/14 years described how information about a local health drop-in clinic was provided via school assemblies.

School provided the means of Internet access for many young people, which was occasionally viewed as a source of health based information. However, the great majority of young people did not use Internet for accessing health information. This is of interest given the development of specialist sites, some specific to the geographies of the case study areas, related to young people and health. Often, young people indicated that accessing information about health was just not a priority for them.

School also gave more active support to young people to access a range of other services, including local clubs and activities as well as wider schemes or initiatives. Examples raised by young people included teacher support to become involved in musical initiatives such as local bands and the National Youth Choir, and the Duke of Edinburgh Award Scheme.

Level 5: access to external specialist services

Young people also described how schools had on occasion supported themselves individually to access specialist services, either through referral arrangements (e.g. behavioural support; art therapy classes) or through contact between a specialist project and the school to identify children who might require specialist support services (e.g. young carers support services).

The role of other agencies/professionals

Other services were themselves perceived by children as an important source of access to services, with service providers assisting young people to engage with a range of other local provision, highlighting the practice of partnership working between agencies. Certain statutory service providers, such as social workers, were viewed as fulfilling a mediation role for some young people. For example, one young girl described how through her social worker she was now receiving support at a children's rights project.

Young people also described how they valued support to access services via other agencies such as youth clubs. For example, young people spoke about being informed about and being encouraged to participate in particular local opportunities via youth clubs or groups which they took part in. Certain projects facilitated access to services through offering outreach clinics, as described by young people who engaged with health services via a number of youth club drop-in clinics provided in some areas, notably in the Remote Town/Rural area.

Children's accounts overall suggested a relatively weak mediation role played by other agencies in comparison with schools. The role was primarily about information distribution and was only more rarely about encouragement to access other services. This was the case in all but a small number of instances, when children, all from less affluent backgrounds, described the vital role played by individual professionals in supporting and encouraging their initial contact and ongoing engagement with a range of services. In these instances, the importance of such adults in young people's lives reflected the limited parental support and mediation experienced by these young people. However, not all of these young people had contact with other adults who undertook such a mediation role in their lives.

7.4 THE IMPORTANCE OF PEERS

Peers played an important role for young people in terms of their access to and experiences of services, in line with other research on children's daily lives (Borland et al, 1998). The remainder of this chapter focuses on key themes arising with respect to the role of peers in supporting young people's access to services, and how friendships impacted on young people's perceptions of and experiences of using services.

Someone to go with

Young people described the importance of peers in terms of having 'someone to go with' when accessing services, particularly when using leisure and retail services without a parent or other adult. The importance was related to a familiar presence which helped young people to feel comfortable and confident to participate, sharing free time and jointly accessing services with, and engaging in activities which friends were already involved in.

Comfort and familiarity

Across age groups, case study areas, and relative affluence, young people described a range of activities undertaken with friends, highlighting the perceived importance of having friends to be able to participate in certain activities or help them feel comfortable about participating, as illustrated by the following:

CHILD *" Well when I go to my guitar lessons, my friends [names of friends] go as well. And choir – [friend] goes with me as well."*

INTERVIEWER *"Is that important for you, that your friends go?"*

CHILD *"Well it makes me like want to go more because I know people that are there."*

Girl, 10 years, Accessible Town, non-deprived, higher income

Some activities were clearly viewed by children as group activities, and young people often described how they would not attend certain services (such as going swimming) by themselves. This meant that not having friends to access certain services formed a very real barrier to access:

"There are many places [to go], it's just that some of my friends don't want to go, some are busy. And [it's not good] on your own... you want to talk to someone."

Girl, 14 years, City Estate, deprived, lower income

Sharing free time and jointly accessing services

Young people valued having peers to share their free time with. Unsurprisingly, leisure activities and sports were particular aspects for which friends were of key importance. As well as spending time with friends locally, they were also important in accessing services further away. For example, young people aged 13/14 living in rural locations described how they frequently joined up with a group of friends to make a trip by public transport or by taxi to one of the larger towns in the area, to go around shops, or to go to leisure activities.

Study participants highlighted the importance of friends living within close proximity for jointly accessing services. For many, this meant living either on the same street or within walking distance. For children living in small villages in the Remote Town/Rural case study area, free time was frequently spent with a wide group of children of varying ages living locally. As one boy aged 13 described, this usually meant around ten children would gather to play, which amounted to *'... all that is in the village really'*.

For young people without friends living nearby, this affected how free time was spent. In such instances, children frequently described being taken to and collected from friends' houses by parents, although this was more prevalent amongst more affluent 10/11 year olds.

Typically, the importance of friendships for having 'someone to do things with' increased with age, as young people tended to spend more free time with friends instead of family. Some young people highlighted this had started about the age of 8, whilst for others this had occurred later, around the point of transition to secondary school. For children still attending primary school, there was a division between those who were not allowed to go 'into town' without an adult, and those who were allowed to go shopping or spend time in town with their friends. This division appeared to be largely related to individual preferences, rather than to divisions on the basis of gender, affluence or other factors.

Engaging in friends' activities

Young people frequently described how their involvement in a particular activity arose as a result of friends already being involved. This was particularly the case in terms of young people participating in regular activities in their locality, such as attending a youth club or dance class.

Friends as facilitators

Friends were also perceived as taking a supportive role by some young people, facilitating their use of or access to certain services, whether or not they also participated. Facilitation seemed to occur in several ways, including providing access to a range of networks or information, providing transport, or even helping with the entrance costs for a certain activity. Facilitation could also provide actual support at the point of access for a young person who lacked the confidence or experience of how to access a certain service, as illustrated by a young woman in the City Estate who noted her friend had introduced her to the local Internet café, had helped her to set up an email address and had showed her how to search the Internet.

Friends with special knowledge about certain services were helpful as facilitators, especially where a young person lacked a strong parental influence or other adult support in their life. Indeed, friends were often perceived as the key mechanism through which young people found out about activities taking place locally, or the details on how to get involved. On occasion, young people described a whole pathway leading to their involvement:

CHILD *"I go to drama every Wednesday night. I am going there tonight at seven."*

INTERVIEWER *"And that is at the [local leisure centre], is it?"*

CHILD *"No, it is near [the town centre], it is just there. My friend, she takes me because she goes, and my friend [another friend]."*

INTERVIEWER *"And how did you hear about that?"*

CHILD *"Well [friend's aunt]... she is like everybody's auntie, everybody calls her Auntie. And she said to [friend] and [she] got into it, and then she said to [another friend] and [she] got into it and then [friends] both said to me that they thought that I would like it, so I went along for my first week to see if I would like it, and then I did like it, so I have been going since last year some time."*

Girl, 11 years, Remote Town/Rural, deprived, lower income

In this way, young people's friendship networks assisted them to gain information and enhanced their opportunities to take part in various activities. Young people's accounts also highlighted instances where the costs associated with certain activities were shared between friends. For example, one young man (13 years, Remote Town/Rural, non-deprived, higher income) described sharing the £5 entrance fee to a local golf course between three or four friends. The importance of friendship networks in supporting young people to access material resources is further considered in Chapter 9.

Support to access wider opportunities

Friendships were also important in terms of the opportunity to become involved in or learn about new activities or opportunities through friends' siblings or parents, particularly for young people from less affluent households who potentially lacked such opportunities via their own families due to a lack of resources, or the lack of a strong parental role.

Friendships enabled access to transport for some young people, itself a barrier for young people from poorer households without regular private transport. Many young people described how their friends' parents would provide lifts to certain places or activities. For young people from more affluent backgrounds this would usually mean their own parents sharing in providing lifts. In contrast, young people from less affluent backgrounds living in households without a car could not reciprocate but even so some were enabled to participate in a range of activities otherwise outwith their options, via lifts from friends' parents.

Young people from poorer households living in concentrated areas of deprivation and poverty tended to have more limited opportunities to access services via friends' family resources, possibly due to less diverse social networks. In contrast, young people from lower income households living in more mixed areas tended to have more diverse friendship networks, which provided them with opportunities such as gaining lifts from friends' parents.

Extending friendship networks

Not only did friends facilitate access to and influence service use, but involvement in services conversely also led to the development of new friendships. For example, one 10 year old boy (Accessible Town, deprived, lower income) had started going with a friend to a toy shop where models could be played with. Through going to the shop, he had met a number of other boys of approximately his age, providing him with the opportunity to extend his friendship network.

Keeping safe strategies

Young people frequently described how attending services with friends was associated with keeping safe, in line with previous research suggesting young people kept safe by going to certain places only when accompanied by friends (e.g. Turner et al, 2006). Such a perception of 'safety through numbers' meant that having a group of friends was an important part of young people's keeping safe strategies, particularly for young people growing up in deprived urban neighbourhoods:

INTERVIEWER "What about hanging about with friends?"

YOUNG PERSON "We mainly go to the town centre, we go to some clubs, and if it's light outside, we go walking and chatting."

INTERVIEWER "Do you feel generally safe?"

YOUNG PERSON "Yes, when we are together, we are five, so it's safe."

Girl, 14 years, City Estate, deprived, lower income

Parental attitudes towards groups also seemed to reinforce such a feeling of safety through being in larger groups. For some young people, parental attitudes towards friends were of key importance in negotiating boundaries/rules surrounding where and when they could go certain places. Having friends that parents viewed as trustworthy was an element of this, illustrated by the comments of one 14 year old who had negotiated considerable freedoms in terms of where she was able to go:

"I never came [home] late [previously], so maybe that's why they don't tell me what time to come home. My parents trust my friends, my mum spoke with some of them on the phone, so she knows I'm ok with them."

Girl, 14 years, City Estate, deprived, lower income

7.5 PEER-RELATED BARRIERS AND CONSTRAINTS

Friendships thus conferred a whole range of positives for young people's access and use of services across a diversity of circumstances such as age, location and family background. However, friendships could also be associated with a number of negatives, in particular exclusionary influences such as peer pressure from friendship groups. Such influences were more prominent in discussions with young people in the older age group than the younger age group. These exclusionary influences were either related to an individual, or to groups: both could form a barrier to participation in certain services, particularly leisure time activities.

For example, one young woman (14 years, Remote Town/Rural, deprived, lower income) described how the friendships developed at secondary school largely determined the activities young people would become involved in. She thought more needed to be done to inform young people and their parents about local services to enable young people to get involved in activities outwith their existing friendship groups, offering them the chance to broaden their friendship networks at the same time as extending the range of activities they were able to participate in.

This illustrates the potentially significant influence of peer pressure on young people's opportunities to engage with services. Young people described being constrained to certain services, with limited options to extend their opportunities without risking losing a valued peer group. Indeed, some young people, particularly of the older age cohort, were of the opinion that negative attitudes by 'mates' were *the* key barrier preventing young people from using certain local services.

Divisions between young people described in their accounts of using services highlighted the different cultures existing among young people. These could lead to a 'clashing of cultures' (Girl, 14 years, Remote Town/Rural, non-deprived, higher income) should young people from different groups attend a youth club or other service where groups of young people might go. Young people's accounts suggested a tendency to avoid such confrontations by opting out of participating in a particular service.

Hanging out with friends was particularly associated with the potential for 'getting into trouble' with the police, particularly for 13/14 year olds. In this way, rather than 'safety in numbers', being with a group could attract negative attention from the police:

YOUNG PERSON "Sometimes the police come and [unclear]... shove us along and whatever."

INTERVIEWER "Really? So, you do not stay there?"

YOUNG PERSON "No, we're not allowed to hang about in groups and all that."

Girl, 13 years, City Estate, deprived, lower income

This issue is further considered in the following chapter.

7.6 CHAPTER SUMMARY

This chapter focused on exploring children's perspectives on the role of adult and peer mediation in young people's access to and use of services. Support prior to engaging with services included communicating with children about services, providing information, encouragement and support to access a service, and support with formalised access arrangements. Support in engaging with services also included initiating and arranging to attend a service, facilitating travel including meeting costs, helping young people to keep safe, and a range of specific supports offered during children's involvement in the experience of a service.

Parental mediation was the key form of adult mediation raised in children's accounts. It applied to the great majority of study participants, though the levels of support did vary across the study sample for a number of reasons.

In terms of *support prior to engaging with services*, the majority of children across age and affluence groups highlighted a primary reliance on parents for their information about services. This however raises a concern for those children whose parents may have limited access to information on services because of limited resources (such as knowledge of services, routes to access information, supportive social networks, Internet), which may impact disproportionately on children from lower income households. This suggests the need for further research to explore the relationship between children's service use, poverty, and constraints on parental access to information. Parental help was however often crucial in enabling children from lower income households to access services, such as parental engagement with formalised access arrangements (e.g. applications for a discount/entitlement card for leisure services or library services).

Levels of parental mediation in *support to engage with services* varied considerably across the study sample, and by types of service. Some services, such as health, were strongly mediated by parents for nearly all children across both age groups, whilst others were mediated differentially depending on a range of factors including children's age, service location, relative household affluence and individual (parental) preferences.

Whilst the evidence broadly demonstrates the crucial role and positive ways in which parental mediation supported young people's access to and use of services, some children experienced reduced access and use of services because of more limited parental involvement. This apparently reflected a range of factors including parental free time available, parental attitudes towards the particular service and levels of parental interest or involvement in the service in question. This highlights the existence of parent-related barriers and constraints experienced by some children in accessing services. A minority of children from the less affluent cohort experienced constraints on service access arising as a result of limited parental involvement. Children from lower income households overall tended to access leisure services (and also retail services to some extent) more independently than their more affluent peers, although further research is needed to explore in greater depth the drivers behind these apparent differences.

Other forms of adult mediation were also mentioned, including mediation via other family members, and through agencies and professionals. The role of the school emerged as an important mediator for young people in terms of access to other services, from the curricular level through to support to access external universal or specialist services. In particular, schools supported young people's involvement in wider opportunities, particularly important for young people from lower income households who did not necessarily have such opportunities through family. Other agencies were also perceived as an important source of access to services, such as youth clubs which enabled access to health services.

A small number of less affluent children who experienced more limited parental mediation with regard to service access described the vital role played by individual professionals in supporting and encouraging their contact with a range of services. However, there were also several young people in similar circumstances who experienced limited parental mediation who also lacked contact with other adults playing such a role in their lives. These children were amongst those who described the most limited use of services across the study sample.

Peers played an important role for young people regarding access and experiences of services. Companionship when attending services formed one aspect of this, providing young people with a comfortable and familiar presence, someone to share their free time and jointly access services with, and on occasion engaging with services their friends were already involved with. The importance of friendships for having 'someone to do things with' typically increased with age, as young people began spending more free time with friends rather than family members. Some services, such as swimming, were viewed by children as group activities, and not having friends to access such services formed a barrier for children in some instances. The finding reported in Chapter 6 that children from lower income households tended to access leisure services (and retail services to some extent) more independently of adults suggests peers were of especial significance for them.

Friends also facilitated young people's access to and use of services through providing access to networks, information, transport or covering part or all of the entrance costs associated with an activity. Such facilitation frequently directly occurred as a result of the actions of another family member, such as a parent or an older sibling providing lifts in their car. This peer-related role in facilitating access to services was particularly important for young people who lacked a strong parental influence or other adult support in their life, or who lacked the necessary resources via their family to access services, a particular concern for less affluent children. Young people's opportunities to get involved in new activities or opportunities were also enhanced through their friends' family members, including siblings and parents. This was especially important for those children from lower income families whose chances of getting involved in such new activities or opportunities through their own families were constrained by a lack of resources. Children living in lower income households in more deprived areas tended to be more limited in their opportunities for access to services via friends' family resources, possibly due to less diverse social networks within these areas. In contrast, less affluent children living in less deprived areas tended to have more diverse friendship networks which was associated with greater potential to access services via friends' family resources.

Friendship groups also helped young people to feel safe when accessing services. Whilst friendships were important for all young people's keeping safe strategies, this was especially the case for young people growing up in deprived urban neighbourhoods.

Although peer relationships were broadly considered by young people to impact positively on their service-related experiences, negative aspects were also associated with peer interactions. These included peer pressure, considered by some young people particularly of the older age group as the key barrier preventing young people using certain local services such as leisure and recreation services. Conflicts between different groups of young people could also form exclusionary influences in terms of service access or use.



OPTING IN, OPTING OUT: OTHER INFLUENCES ON SERVICE INCLUSION AND EXCLUSION

8.1 INTRODUCTION

Chapter 7 explored the influence of adults and peers on children's use of and perspectives of services. This chapter outlines several other key influences on young people's service use. In particular, the chapter explores how service use was impacted by:

- Age;
- Gender;
- Supply side issues, including service availability, location and staff attitudes;
- Temporal factors;
- Public transport;
- Safety and risk factors.

This includes comparison of the associated barriers and constraints perceived to exist by young people growing up in different areas and from lower and higher income households.

8.2 THE INFLUENCE OF AGE ON SERVICE USE

Age was a key factor related to service inclusion or exclusion experienced by young people. As the following sections demonstrate, this was apparent both in children's explicit comments and from comparison of the younger and older participants in the study.

Restrictions imposed by service providers

Children mentioned instances where age formed a barrier to service use resulting from restrictions imposed by service providers. For example, in the Remote Town/Rural Area, 13 and 14 year olds described how they were not able to access a leisure centre gym without an adult, due to an 'over 16s only' rule which could effectively exclude their participation. Another local leisure centre had recently introduced an under 16s gym which was viewed as a positive step.

On occasion, young people indicated official age limits had led them to opt out of attending a youth group session, not because they were over the target age range, but because the peers they had attended with were no longer eligible to attend, as the following illustrates:

"I used to go with my big cousins, but then they have got different age groups and they went to the big group and I was too young, so I just didn't go myself. I don't like going by myself."

Girl, 13 years, City Estate, deprived, lower income

Being the 'right' age

As well as formal distinctions made on the basis of precise age thresholds or limits, vaguer and more informal age barriers emerged from peer-referenced definitions of services' age suitability. Thus children frequently reported withdrawing from attending a service that they did not perceive met the needs of their age group. Similarly, some saw themselves as too mature to access provision aimed at their age group. Although individual preferences played a part, young people also described how they would not use a service for their age range if their peers had already given it up.

Study participants aged 13/14 highlighted how decisions regarding participation in youth club provision were influenced by their perceptions of the age range of other service users. A number of 13 and 14 year olds - particularly girls - thought that local youth club provision was more 'for weans' than for their own age:

INTERVIEWER *"So you used to go to [youth club], but why would you not go any more?"*

YOUNG PERSON *"Well, there are not a lot of folk my age go there now, so it is just like the younger ones and I don't really know them."*

INTERVIEWER *"Okay, so what kind of age is [the youth club] for, would you say?"*

YOUNG PERSON *"It is 1st Year to about 15."*

Girl, 14 years, Remote Town/Rural, deprived, lower income

Another young woman, aged 13, described how she and her friends had stopped regularly attending the only local youth club because it was failing to plan activities they wanted to participate in or to provide a sufficient variety of things to do:

"They never have it all planned, it is just "What do you want to do?" And it is just the same every week."

Girl, 13 years, Remote Town/Rural, deprived, higher income

Others were concerned that local youth club provision was primarily for a younger age group:

INTERVIEWER *"What about the youth club here?"*

YOUNG PERSON *"Aye, it's quite good but it's more wee ones. There's a lot of wee ones in it. You should get one for your age group."*

Girl, 13 years, City Estate, deprived, lower income

This raises the concern that where there is limited local provision, those young people who opt out of that which is available are left with no alternatives.

Moreover, younger children of 10/11 years indicated that they already had an understanding of how their preferences would change with age. One 10 year old, who enjoyed attending a local youth club in the village near his home, described how young people tended to stop attending after the age of 11 despite the fact the club did not have an upper age limit:

"Well most of them go to about 11 and then they stop going and they do different things."

Boy, 10 years, Remote Town/Rural, non deprived, higher income

Some specific age-related barriers emerged in relation to children's perceptions of emergency health services. Focus group discussions highlighted young people's concerns about whether certain services would listen to them and take them seriously because of their age. Children aged 10/11 years discussed how they would not use the NHS 24 helpline because they believed helpline operators would ask them whether an adult was present who could speak to them instead. More positively, these children described how they would call 999 to access emergency services, and would also use child friendly telephone advice lines such as Childline.

Age appropriate facilities

Environmental and design features were also perceived as important aspects of service use related to age. Children frequently described how they viewed facilities as not appropriate for their age, constraining their service use. This was particularly apparent in discussions about young people's access to local parks. Many young people who took part in the study, particularly 13/14 year olds, described how local park facilities tended to be designed for younger children rather than for their own age group. Yet they were themselves interested in using these places to meet friends and spend time:

INTERVIEWER "...You were saying that there were chutes and swings and stuff like that. What are they like?"

YOUNG PERSON *"They are alright, but the slides are just for wee weans and all."*

INTERVIEWER "Okay, so it is not really for your age group?"

YOUNG PERSON *"The only thing we have kind of got are those swings and that is it."*

INTERVIEWER "Right, okay. And do people of all ages use the park or is it specific ages?"

YOUNG PERSON *"Just everybody."*

Girl, 14 years, Remote Town/Rural, deprived, lower income

Such perceptions were apparent across case study areas, but were most pronounced in the City Estate, where young people's comments highlighted their concerns about the lack of facilities for their age group in local parks:

"There is nothing to do [in the park] for young people of my age, it's all for children, the swings and the slides. They should put things for us, as well."

Girl, 14 years, City Estate, deprived, lower income

The extent to which facilities were perceived as age appropriate also featured in children's discussions regarding health services. Many respondents perceived that whilst most health centres and surgeries had a 'child-friendly' area with toys and books, no such thought had been given to the provision of a similarly 'young people friendly' area. They suggested this might, for example, include a space with computers where young people could wait together when accessing health services. This indicates the need for further consideration of how best to utilise mixed use of the same spaces within services to ensure they meet the needs of all age groups using the service.

Not surprisingly, age influenced the ideas and preferences expressed by young people in terms of their choices of services, with evidence of young people opting out of activities they had previously enjoyed, or opting into other activities. For example, there were many references by 13/14 year olds to decisions to opt out of organised youth club type services previously attended, including some of the uniformed services, because of finding them 'boring' now. Many young people said these changed preferences had occurred around the time of transition to secondary school, or slightly later, and often were influenced by peer decisions to opt out.

Gaining independence

Respondents described their growing independence from their parents over time, highlighting milestones that had been reached or were aspired to. These included walking to and from school without a parent - which tended to occur during primary school, around 8 or 9 years of age - or being allowed to go into a town centre with friends without parental supervision - frequently around the transition from primary to secondary school, around 11 or 12 years. The greater mobility that children experienced as a result of reaching such milestones changed the patterns of use as well as the frequency of use of some services, such as going shopping more frequently with friends than they had previously done with parents, or starting regular trips to the cinema with friends at weekends. Conversely, there was some indication of a decline in frequency of using other services, such as leisure services previously attended on family outings. Young people's mobility will be considered further in the relevant section on public transport and young people's travel to services.

Parental rules with respect to age also influenced children and young people's use of services across the case study areas. Children highlighted the importance of developing trust between a child and their parent as particularly influential in giving them more freedom and choice, as illustrated by the following:

"I just choose to go to [shops in town], because now I am old enough that my Dad knows that I am old enough to go places myself and with my mates and that, because when I was young I used to say 'I am old enough', and my Dad used to worry about me all the time. But now he trusts me."

Boy, 10 years, Remote Town/Rural, deprived, higher income

INTERVIEWER "Okay, and tell me about when did you start being able to go shopping with your friends?"

CHILD *"Well I remember when I was about nine, I used to want to go, but my Mum would always say I was too young. And then when I was ten I asked, like some time after my birthday and my Mum said that I could go down for a wee while to see how I got on."*

Girl, 10 years, Remote Town/Rural, deprived, lower income

Whilst age could prevent young people from accessing services they were keen to participate in, children also highlighted the irony of finding it difficult to afford the increased cost of some provision, as they got older:

"[...] the thing is that once you turn the age to be able to do things, it costs more."

Girl, 14 years, Remote Town/Rural, non-deprived, higher income

Children also highlighted the importance of their siblings for their service use, often resulting in their access to services for other age groups. This occurred both as a result of accompanying older siblings and through looking after younger ones - such as visiting play areas in parks for younger age groups.

8.3 GENDER

It was not a primary aim of the study to determine the influence of gender on perspectives and use of services, but a number of gender-oriented themes were identified during the analysis.

Whilst gender was not an important influence in many respects, it was a factor influencing young people's preferences for certain types of leisure and shopping activity. Unsurprisingly, there was a tendency for young women to express preferences for clothes shopping, whilst for young men shopping tended to focus on sports and technology. This is, however, an oversimplification, and in practice there was considerable diversity of experience within gender.

There were less discernible differences in terms of young people's leisure choices, with both males and females frequently engaged in the same activities. However, there were several identifiable trends, suggesting, for example, that boys spent more time pursuing interests such as football - playing informally, joining football training and other clubs - whilst girls tended to participate in dance-related clubs at school and in the community. Such issues are highlighted in the following comment by a 10 year old boy:

"Some girls like ponies, make-up, talking about boys, but we are usually like football, hockey, basketball, junk food."

Peer influence was often associated within gender groups, with young people mostly identifying the peers they spent time with being of the same sex. There were instances however where young people of both genders spent time together, and this was particularly apparent for 13/14 year olds.

In terms of health, boys as well as girls usually relied on mothers to mediate their access to health services, although a number of young men identified their father as someone they would turn to in the first instance if they needed support or advice about health matters.

8.4 SUPPLY-SIDE CONSIDERATIONS

Perceived accessibility to services was significantly related to the existence of barriers and constraints to service use arising through the planning and delivery of particular services. The key supply-side issues impacting on children's use of services were:

- availability of services;
- open versus restricted access;
- location of services;
- environmental and design features;
- service provider and staff treatment of young people;
- information quality and availability.

Service availability

Lack of, or limited, provision was highlighted by a number of young people, including the common complaint of having 'nothing to do, nowhere to go'. This occurred particularly in the City Estate, reflecting the deprived status of the area, but was raised in all three case study areas, as illustrated in the following extract from an interviewee living in a small town in the Remote Town/Rural area:

INTERVIEWER *"Would you tend to spend time then quite locally, like round about your house and at the park and where the garages are... do you quite like spending time there?"*

YOUNG PERSON *"There is nothing else really, there is nowhere to go, so that's the only place we can go."*

Girl, 13 years, Remote Town/Rural, deprived, lower income

Perceived shortages or absences of provision applied across service domains. Limited leisure services were identified by young people in each case study area and age group. They were more pronounced in the accounts of young people from less affluent backgrounds, particularly those living in deprived areas, as they tended to have less scope for involvement in leisure services outwith their locality as a counterbalance to limited local provision.

Non-availability of services which provided suitable places for outdoor play was a key issue raised by young people. A particular difficulty was raised by City Estate respondents, where several young people aged 10/11 years described that the nearest parks to their house were private (i.e. only for those living in a certain street), and how in order to access these places for outdoor play, they tended to climb over the fence to get in.

Young people also discussed creating the means to play certain games where the facilities were not available. So, streets were used for playing football, and a park area was used as a tennis court. Young people also resorted to using facilities they were meant to be barred from to make up for the lack of suitable services in a local area. A considerable number of young people in both the Accessible Town and Remote Town/Rural areas described going to a local pub to play snooker or pool because of the lack of an alternative, describing how publicans allowed them to be in pubs up to a certain time in the evening.

The above are examples of children deploying agency to subvert adult and legal controls on their movements and activities, sometimes with the collusion of certain adults (as in the case of the publicans allowing their access to pubs). Through such means, young people were able to expand the (otherwise limited) opportunities they had for participating in activities in the locality.

Whilst lack of provision was a concern raised particularly in respect of 'things to do', it also arose in relation to other services, such as health. For example, not having access to a school nurse was considered a barrier by a young woman (Girl, 10 years, Accessible Town, deprived, lower income) who thought she would appreciate talking to one. Many young people were concerned about the limited provision of specialist health services within their locality, such as hospitals with children's wards, or Accident and Emergency facilities. Young people also frequently described the limited range of retail facilities within their vicinity, necessitating longer trips away from home.

Open versus restricted access

Young people described a range of ways in which entry and opening arrangements influenced their perceptions of service accessibility. Constrictions placed upon service use or upon the timing of use were difficulties often experienced by study respondents, although young people also described arrangements which would facilitate their access to certain provision:

INTERVIEWER "[...] How do you get access to it [the Astroturf pitch]?"

CHILD *"There is a man that stays down the bottom who has got a key, who is like in charge of it, or most of the time it is open. But if it is locked then we go to that man and we just ask him."*

INTERVIEWER *"Okay, and so how would you organise to go there with just a group of you who wanted to go down?"*

CHILD *"You can either phone up to book it or like it is just a notice is up to go down and join in the games and that kind of thing."*

INTERVIEWER *"Okay, and so is that open quite often? [Is] there organised stuff going on there as well?"*

CHILD *"Yes, most of the time."*

Girl, 13 years, Remote Town/Rural, deprived, higher income

Regularity of access to local community services influenced young people's views of services, as illustrated below:

"... to make the [local community centre] better, you would be able just to walk in, go into one of the rooms and be able to do something instead of it just being every now and again it is open."

Girl, 11 years, Remote Town/Rural, deprived, lower income

Location of services

Service location was a crucial factor influencing children's perceptions of service accessibility, which was primarily related to the interaction between proximity to service location and the availability of transport. Overall, service proximity was raised across service domains and case study areas as a vital element of service accessibility. Unless a service was within safe walking distance it was broadly viewed as only partially accessible, if at all. This was particularly the case for young people without or with only very limited access to private transport. There were examples of relatively close services being perceived as largely inaccessible, because they were hard to reach by public transport. For example, one young woman described how living in a small village constrained her ability to get to local shops:

"...It is more difficult because you are sort of excluded from the town and things. There are not many buses that go up there anyway, and if there are buses, I think it is just between 2 o'clock and 4 o'clock, I think, up to [village]. So then the rest of the day you have either got to walk or go by car."

Girl, 13 years, Remote Town/Rural, non-deprived, higher income

This raises issues regarding where services are located and whether their location is optimal to young people's use.

Proximity related not only to a young person's home, but also to other places they went regularly, such as school or the homes of relatives and friends. Young people were more likely to know about and be keener to use services situated within zones they frequented regularly. For example, in one case study area, young people said the location of Astroturf pitches near to schools made it very easy to use the pitches. Young people also described going to parks because of their proximity to other services they used such as leisure centres.

Service location was also instrumental in young people's decisions regarding whether to opt in or out of using services because of a sense of social inclusion or exclusion. Young people described how on occasion they chose not to participate in a service due to their sense of alienation from, or stigmatisation by, other young people in the local area. The following quote expressed the opinions of young people aged 13/14 regarding their local youth club:

FIRST YOUNG PERSON *"When you go there there's always a different crowd there."*

SECOND YOUNG PERSON *"You don't fit in."*

Focus group, 13/14 year olds, City Estate

Children were particularly concerned about the location of health services. In order to access specialist health services, many young people reported having to go beyond their immediate locality. This usually necessitated travel arrangements which could be costly. For some children in low income households, travel grants were required to ensure they were able to attend clinics.

Environment and design

Service design issues and the overall environment of services were also important influences on young people's perceptions of service accessibility and service use. Raised particularly by young people living in deprived areas were concerns about broken or vandalised equipment such as swings in local parks. The lack of working equipment could lead to young people opting out of using the facilities, because they were no longer appealing or were seen as 'boring'. One young man described the problems associated with his local parks:

"Well there is a bottom park at the [neighbourhood], but that is not really a good place to go because there is like hundred of dogs' [mess] and all the rest of it all over the place. And the top park, that is not very good because the swings and that they got ripped out because they were vandalising them and all the rest of it, so it all got ripped out, so there is nothing really to do."

Boy, 14 years, Accessible Town, deprived, lower income

In relation to health services, young people frequently highlighted the importance of clean and pleasant environments, and inclusive design features such as wheelchair access:

"If there is somebody in a wheelchair, they just press the big button and there are automatic doors instead of pushing them."

Focus group, 13/14 year olds

Some young people described concerns about poor quality environments or equipment, such as 'unclean instruments', within health service settings.

Across service areas, young people's responses highlighted the need for services to be designed in order that they would be fit for purpose, and to be located in clean, non-threatening environments. Environmental issues raised by young people regarding local services associated with the neighbourhood context are discussed further in Chapter 10.

Staff treatment of young people

Young people's accounts indicated the importance of their treatment by service providers and staff in influencing their perceptions of services, which in turn impacted on service use. As reported in Chapter 6, young people had clear ideas of the role of staff in ensuring a 'good' service, highlighting important qualities such as friendly, welcoming and non-judgemental attitudes towards young people.

Young people also valued continuity of staff within services – visiting the same doctor or dentist again, for example, was preferable to having to visit a different individual on subsequent visits. Young people valued continuity in healthcare staff in particular, stressing the importance of appointments with known staff members.

In practice, young people described varied treatment by staff in different services. Where children perceived their treatment to be poor, they tended to view these services more negatively and stop attending as a result. The majority of negative comments were related to young people's experiences of using retail services. Some voiced this in terms of a perceived need for improved service - 'more people, more staff around'. Others cited experiences of negative treatment, though this appeared to depend on whether young people perceived they were seen by staff as likely to misbehave or were respected as customers:

"When you are up the town, right, and you have not got an adult and you are walking about the shops, the people in the shops follow you about they think you are going to steal something or something. But I can see their point."

Girl, 10 years, Accessible Town, deprived, higher income

INTERVIEWER *"I mean in the shops like in the town, how do you feel that young people are treated in the community?"*

YOUNG PERSON *"Alright sometimes, but some folk like think we are just trying to cause trouble and that."*

INTERVIEWER *"Okay, so in shops and things how are you perceived?"*

YOUNG PERSON *"I think they are nice to you in the shops because they know we are going to buy stuff."*

Girl, 14 years, Remote Town/Rural, deprived, lower income

Others viewed their treatment by staff to be no different to staff treatment of adults using the same services - 'they just treat you like anybody else' – and some young people seemed to value services where they were known by staff, often because of living nearby to services such as shops:

"People in the local shop, they know me because I go round there quite a lot I have stayed here for quite a few years. So they know me and they will say 'hiya' and be friendly."

Boy, 10 years, Accessible Town, deprived, lower income

Conversely others thought they were most likely to be feel treated poorly by staff in local shops:

"I don't like corner shops, the people there are really cheeky, they follow you around like you are a thief or something."

Girl, 14 years, City Estate, deprived, lower income

"Sometimes, it's bad service and sometimes they don't serve you till last and you stand in a queue and they serve the other person before you."

Focus group participant, 10/11 year olds

Young people sometimes preferred having adults with them for protection and because negative reactions were much less likely. Many of their comments reflected differential treatment by staff, which accords with other research findings about common discrimination towards older children going into shops or shopping centres without an adult family member (Cairns, 2006).

Young people also reported on positive experiences within shops, though particularly of visiting larger stores:

“When I’m in big shops like [supermarket] or something if you are lost they have got nice people to help you.”

Girl, 10 years, Remote Town/Rural, non deprived, higher income

Reflecting previous research findings (e.g. Curtis et al, 2004), young people tended to be broadly positive about staff treatment within health services, alluding to helpful and caring staff, staff who explained their treatment to young people, and other positive care experiences:

“It is alright, [the doctors] listen to what you have got to say and that is really it. It’s good.”

Girl, 13 years, Remote Town/Rural, deprived, higher income

INTERVIEWER *“And what were the staff like [in hospital]? Did they treat you okay?”*

CHILD *“Yes, they kept on asking me if I wanted any food or something, and like just asking me if I was hungry and get me a video and all that.”*

Boy, 10 years, Accessible Town, deprived, low income

“Well they talk to you when they are doing something, like when you are getting a jag they will talk to you and they will just do it while they are talking to you and you don’t know that they are doing it.”

Girl, 10 years, Accessible Town, deprived, higher income

Younger children also described some elements they had particularly appreciated, such as being given a sticker by health care staff on the completion of treatment.

Views also reflected individual staff treatment of young people, as illustrated by the following quote in which a young person described her preferences for one dentist who provided her with explanations about the treatment she was receiving and sought her consent:

“She gives me more attention than the other one because the other ones just do anything without asking. She asks you before she does it.”

Girl, 13 years, Remote Town/Rural, deprived, higher income

In terms of leisure services, young people also expressed a range of views on staff treatment. Among the positive were references to helpful staff who helped to boost young people’s confidence:

“Like, say you’ve done something wrong he wouldn’t, like, say anything, he’d just say, like, try again.”

Boy, 10 years, Accessible Town, deprived, higher income

Less positively, young people complained of being ‘told off’ when using a service:

“Because they’re sometimes moany and that and tell you not to, like, jump in and stuff.”

“Like, it is just the way they look at you.”

Focus group, 13/14 year olds

Older groups were more likely to describe how they were viewed as potentially disruptive. There were instances in the City Estate where 13/14 year olds highlighted instances of being moved on by the police when a few of them were together.

There was no clear-cut evidence regarding whether children perceived staff treatment when they used different services to be influenced by poverty. Rather, children’s comments seemed to reflect their views of how they were treated as a result of their status as children. This is an area where further in-depth exploration of any impacts related specifically to poverty would be of interest.

Knowing how, what, where: the role of information

Young people highlighted the significance of good quality information about local services and how to access these. As discussed in the previous chapter, parents and peers were particularly important sources of information. Schools also played a significant role as information providers.

There was little evidence of any strategic provision of information at key times or in consistent ways. Young people frequently described the *ad hoc* nature of finding out about particular services, and there was evidence that lack of access to information, or missing out on information, could be a barrier for young people in terms of participation: *‘There probably are other things that we are just not hearing about’* (Girl, 13 years, Accessible Town, non deprived, higher income).

Young people on the whole were unsure about particular sources of information for different services. They frequently described feeling ‘left out’ because of not receiving information for some reason, such as missing out on receiving a letter about a youth club or other local leisure class.

Lack of access to information about locally available services could also lead young people with particular needs to miss out on potentially vital sources of support. One young woman living in the City Estate (Girl, 13 years, deprived, low income) described how she had only found out about a local befriending project through a young boy who lived in the same tenement as her, who was receiving support through the project. Thus it was only by chance that she had found out about this service which was transformative for her in terms of the support gained and access to other services it facilitated.

The age appropriateness of information was a further feature raised by study participants. Information was generally viewed as targeted towards adults rather than children. Instead they indicated information needs to be accessible to young people themselves rather than being aimed at parents, as sometimes parents may not be facilitators for their children's activities and may not provide children with the information they need or would benefit from. This issue was raised specifically with regard to health-related information:

"Maybe like trying to make it more childish because it is all loads of writing and things, maybe have some pictures and things on the stuff that comes through the post."

Girl, 10 years, Remote Town/Rural, non deprived, higher income

The evidence presented above reflects children's perceived constraints in terms of the role information plays in either service inclusion or exclusion associated with their status as *children*. This suggests the need for more age-appropriate information to be created related to services children may access. When considering this evidence in relation to that presented in Chapter 7 on the role of others such as parents, other adults and peers in informing young people about services, it appears that lack of or inadequate access to information disproportionately impacted on young people from lower income households, constraining their use of services.

8.5 TEMPORAL FACTORS

Time of day and seasonal factors were linked with willingness or ability to use services (cf. Turner et al, 2006). For example, young people frequently described how going to the local park was not possible after dark, effectively preventing them from using it after school in the winter months. These points were largely related to types of activities preferred at particular times. Thus young people tended to use less activity-based services overall during the winter months than in the summer months. Many young people indicated that they tended to stay indoors during the winter evenings after school, whereas in summer they tended to meet friends, socialise, attend clubs and participate in sports to a greater extent. Physical constraints such as whether there were suitable facilities to enable year-round access (e.g. floodlighting; indoor pitches) also impacted on service use at different times of the year.

Temporal constraints on service access were frequently related to safety concerns, which are discussed in greater detail later in this chapter, and which young people from deprived urban environments were disproportionately affected by.

8.6 PUBLIC TRANSPORT AND YOUNG PEOPLE'S TRAVEL TO SERVICES

Mobility and service use

Young people's mobility was a key factor shaping their access to both locally based services and those further afield.

Walking was identified as potentially problematic for accessing services, either due to safety concerns, or because services were located too far away to reach without transport. Young people rarely talked about using a bicycle as a mode of transport to access services. Cycling was just mentioned as a leisure activity in its own right.

Access to a car in the household facilitated access to services, but children growing up in families without such transport, who tended to have low incomes, were conversely constrained in their use of many services. These issues are further explored in the following chapter.

The remainder of this section is devoted to public transport: how and when young people started to access public transport independently, and associated issues impacting on young people's service uptake, including availability and timetabling concerns.

Independent use of public transport

Young people reported starting to travel locally by public transport without an adult around the point of transition to secondary school, although this varied depending on individual parental rules and neighbourhood factors such as perceived safety of the locality. Most young people negotiated the transition to independent use of public transport by initially travelling with friends, siblings or cousins.

Longer journeys were occasionally undertaken independently by public transport but even by the age of 13/14 years, young people taking part in the study rarely reported going on a journey beyond a known area without an adult. Young people were often instrumental in making decisions about where they felt comfortable travelling to without an adult, even if they were with friends. In particular, travelling to city centres without an adult was not something any interviewee had yet undertaken. Young people growing up in remote locations were more likely to undertake longer journeys independently, often because journeys of over 30 minutes duration were required to travel to the nearest town where services were located. Having a familiar bus driver conferred a degree of safety onto use of public transport in remote locations by young people. This was particularly the case where young people described taking journeys by public transport alone or during evenings.

Accessibility and convenience of public transport

Public transport was a particular issue for the ease or frequency with which young people were able to access services. Reliance on public transport particularly impacted on service access for young people who lived further away from key service centres in the Remote Town/Rural area. It resulted in certain services being accessible only at specific times, due to constraints associated with limited routes and/or frequency of transport. Such difficulties were particularly pronounced for young people who wished to access leisure services operating at particular times, for example the cinema.

Young people living in rural areas some distance away from their schools also reported difficulties in joining in with after school clubs and activities. If children stayed on to attend an after school club they could receive a voucher to get home on a later public bus rather than taking the school bus directly after school. In practice few children reported doing this, as it would mean returning home at a time they perceived to be too late, because they would be overly tired and hungry from such a long day.

Difficulties also arose where bus routes did not correspond to the journey a young person needed to make. This affected young people reliant on public transport across the case study areas, but especially in the City Estate where poor transport links exacerbated the difficulties and isolation of young people. For example, one young person (Girl, 13 years, City Estate, deprived, lower income) described how visiting another local neighbourhood was very difficult and time-consuming, requiring a number of bus changes and a very long journey time. This highlights young people's concerns not only with the actual distance from services but also with the relative ease or difficulty of journeys by public transport.

Distance from health services was particularly mentioned by young people living in rural areas. Many described experiences where accessing health services either for themselves or a family member was problematic for this reason. Several young people highlighted how they would have to travel over an hour to visit a dentist. Another young person offered the viewpoint that service providers did not sufficiently consider the implications associated with the requirements of travelling long distances to access specific health services:

"[]...when my big brother had something wrong with his kidneys or something, and we went to [local town] and they said ... we called NHS Direct and they said that we had to go all the way [to major town], and my Mum said 'Well do you know how far [away] we live?' And they said 'No'. It was about 20 or 30 miles away."

Girl, 10 years, Remote Town/Rural, non deprived, lower income

More positively, a number of 13/14 year olds living in more remote areas talked about perceived affordability and regularity of routes of local transport systems, enabling them to go with relative ease to certain places which were on bus routes.

8.7 SAFETY, RISK AND SERVICE USE

Safety and the management of risk emerged as one of the most significant issues impacting on children's perceived access to and use of many services. This seemed to be the case regardless of age, gender or affluence. Concerns about encountering aggression or other safety difficulties had a number of impacts on young people's perceptions of local services as well as their use of services. These could effectively prevent young people from using certain services at all, or constrain the times when they would use a service, either because of their safety fears in getting there, or in terms of their fear of conflict with others who might be using a particular service. Such concerns were very prominent in perceptions of particular public services such as parks, one of the key services young people use for unstructured leisure time.

The nature of discussion around safety did change dependent on location, and to some extent dependent on age, but to a lesser extent regarding gender: it was not apparent that young women felt greater risks to their safety than young men who participated in the study.

The nature of safety concerns in rural versus urban environments

Safety was reflected as an issue particularly in urban environments, but was less pronounced for young people living in rural areas in the Remote Town/Rural case study. The nature or perceived causal factors also differed on an area basis. Young people in the City Estate highlighted safety concerns related to local gangs, making some parts of their neighbourhood effectively 'no go' areas and severely constraining young people's movements around the local area. Gangs and territorialism were also features of the Accessible Town, but not of the Remote Town/Rural case study. There, young people described how they were wary of other groups of young people, and would try to avoid using the same services if at all possible, but these groups were not viewed as gangs.

Where territoriality issues were present within a local area then proximity to services *per se* was not sufficient to ensure accessibility. There were many instances, particularly in the City Estate but also in the Accessible Town, of young people not accessing services, or feeling excluded from access to services, because of territorialism, or fear of having to go through or near places where there were perceived threats to their safety (cf. Seaman et al, 2006).

YOUNG PERSON *"Aye, there is quite a big bit of issues up here like, because there are folk from [local neighbourhood] who want to go and fight folk from [bordering neighbourhoods] and all the rest of it."*

INTERVIEWER *"Okay, and in terms of other areas that you wouldn't go to at all or at times of day?"*

YOUNG PERSON *"[Local park] usually at night I wouldn't go up there because that is quite a scary place to go."*

Boy, 14 years, Accessible Town, deprived, lower income

This young man also highlighted these issues in terms of places to avoid in the local area:

“Probably the bottom park because that is just becoming ... because not many folk can walk through it any more like. It is just all the young folk who like to fight and take drugs and drink and smoke and all the rest of it. You can't really go out a walk or anything down there now or play football or nothing, because everything is there - smashed bottles of glass and all the rest of it.”

The evidence suggests a link between relative area deprivation and children's perceptions of safety, particularly within urban neighbourhoods. In the City Estate, fear of others was particularly pronounced, and created a major barrier in terms of where young people could go in the local area and the services they could access. One young man described how he was not able to go to the local skate park because of safety fears:

YOUNG PERSON *“We can't go there but.”*

INTERVIEWER *“Why not?”*

YOUNG PERSON *“Because all the boys down there hit me.”*

Boy, 13 years, City Estate, deprived, lower income

Time and safety

The times young people were able to access services were also constrained by safety concerns. This emerged as a particular concern in the City Estate case study area, where local parks and the local shopping centre were described as no-go areas during evenings, especially when it was dark, and weekends because of gang presence and the potential of conflict with other people using these spaces at these times. However, it emerged across urban environments more generally, with young people demonstrating a sophisticated knowledge and understanding of safe and unsafe times to access different services.

Young people's service use was also affected by the interplay between safety and seasonality, as discussed earlier in this chapter. Certain places became unsafe after dark, resulting in changed patterns of use between winter and summer months. For example, one young woman (13 years, City Estate, deprived, lower income) described how she disliked going to the vicinity of the shopping centres in the evenings after 7 or 8 pm, because *‘...there are a lot of bullies hang about down there’*. However, in the winter when it was dark, she would just go straight home after school rather than spending time outside in the neighbourhood.

Conflicts between and across age groups

Tensions between people, which influenced young people's sense of safety when accessing services, were both within and across age groups.

Some children felt they were directly targeted by older young people in places where they were known to spend time. Fear of being 'battered' when playing in local parks was a concern, especially for those in the younger age cohort. The following quote illustrates how children experienced such bullying within the community:

“Sometimes you find a lot of bullies down in the park, because that is where they can get most of the smaller children that is where younger people go, so the older people go so they can pick on us and that.”

Girl, 10 years, Accessible Town, deprived, lower income

A related barrier concerned incidences of bullying in school. For several young people, this was viewed as a barrier to continuing to participate in an activity or service previously attended. For example, one 11 year old boy (Remote Town/Rural, deprived, lower income) described how he had stopped attending music lessons held by the school because of bullying by another boy in the class.

Young people described how conflicts between peer groups could form a barrier to service access where a rival peer group used a service. This was particularly the case when young people viewed themselves as belonging to different peer cultures. One 14 year old girl (City Estate, deprived, lower income) described how despite the availability of some local clubs for young people, tensions between peer groups meant young people could feel unwelcome and so would not access a service used by other groups.

In the Remote Town/Rural area, there was evidence that young people felt alienated from certain services on the basis of where they lived. For example, one young woman (13 years old, higher income, non deprived) who lived in a remote village described her reasons for not going to a youth club which operated in the town where she went to school and so was within her sphere of proximity. However, it was predominantly used by young people from the town who she saw as aggressive to outsiders: *‘... it is not really much fun being around somewhere if they just shout abuse at you and throw stuff’*.

Whilst fear of older young people represented a significant concern for young people, particularly for 10/11 year olds who were wary of older teenagers, safety concerns were also expressed in relation to adults. Young people aged 10/11 years across case study areas frequently highlighted their worries about adults who used parks and other open spaces for drug and alcohol use, their general fears about adults who 'hang about' in such places, and particular concerns about paedophiles.

Difficulties could also arise between young people and adults (both members of the public and service providers). Conflicts between young people and adults were frequently described as resulting from contested spaces, such as those due to differences of opinion over the use of a particular space. For example, one young man (Boy, 14 years, Remote Town/Rural, deprived, lower income) described how he and his friends had got into trouble with an older local resident who had complained to the police about their behaviour in the local park, whereas in his opinion they were just playing on the swings.

Known versus unknown places

There was evidence of an interplay between safety and known versus unknown places. In particular, proximity to home or to known people such as neighbours or extended family members usually fostered a sense of security:

INTERVIEWER *"What makes you feel safe?"*

CHILD *"Really just playing outside my house, because outside my house I can go either way because my auntie or my granny will be there."*

INTERVIEWER *"Right, so having people round about you that you know you can go to or will help out. Okay, are there other things that help you feel safe?"*

CHILD *"I like the wardens, because they pass everywhere, so they do."*

Boy, 10 years, Remote Town/Rural, deprived, higher income

The data suggests that young people were engaged in constructing their own personal 'geography of safety' related to *where* they lived, *who* they knew and *what* they knew about their area which to some extent determined their independent use of services within the neighbourhood (Valentine, 2004).

Design features and environmental hazards

Design features were also highlighted as an important element of safety in service use, particularly for young people living in urban areas. For example, a number of young people, particularly in the younger age group, had photographed and later discussed design safety features such as fences around parks and grating around schools, which led them to feel safer when using certain services.

Young people also described wider fears about environmental hazards such as needles lying around in parks and other public places. Only in more remote rural locations were such environmental hazards not perceived to be present.

Safety and ICT

A key element of young people's 'keeping safe' strategies involved the use of mobile telephones, reflecting previous research (e.g. Pain et al, 2005). The majority of young people aged 13/14 years had a mobile phone and described how they used this to 'check in' with a parent when accessing services, particularly in the early stages of accessing services independently with friends:

CHILD *"[]...If like I think I am going to be late home I text my Mum or something, so that she doesn't get worried about me."*

INTERVIEWER *"Okay, so do you always take your mobile with you where you go?"*

CHILD *"Yes."*

Girl, 11 years, Remote Town/Rural, deprived, lower income

Safety and the Internet was another key issue for young people, with hazards including worries about whom young people might be chatting to online or of accessing offensive sites by mistake. However, many young people were aware of mechanisms designed to help keep them safe, such as school-based provision of email and messaging services to enable them to chat safely.

Safety in numbers

As discussed in Chapter 7, young people often made sure they were with others when accessing services in order to keep safe. Parents and friends played a key role here. Young people described how they sought to keep themselves safe by ensuring they attended services in a group rather than alone:

INTERVIEWER *"Do you play alongside the younger kids, or how does that work?"*

YOUNG PERSON *"Aye, I just walk about with them because mainly there is always somebody supposed to be fighting, and I don't like fights."*

Boy, 14 years, Remote Town/Rural, deprived, lower income

Other family members, including older siblings and cousins, were also frequent companions offering security. Young people also described their role in keeping younger siblings safe in chaperoning them on visits to parks and other such services. Whilst safety in numbers was associated with positives in terms of safety, this could also result in problematic adult perceptions related to young people in groups, which itself could potentially form a barrier to their accessing certain services.

Traffic safety

It is widely understood that road traffic accidents are one of the most common causes of injury for children and are prominent among worries expressed by parents and children (Borland et al, 1998; NCH Factfile Scotland, 2006/07: pp 47/48). However, during this study such fears were infrequent and seldom mentioned as creating a barrier to service use. Interviews did not however probe young people specifically on this issue, and it is likely that a study inviting children to comment on the impact of traffic safety concerns on their perceptions or use of services may lead to further insights.

Where mentioned, young people's responses suggested their awareness of the potential dangers associated with traffic, and of decisions regarding service use or non-use related to fears about traffic. For example, one young person described how she and her friends used a space at the back of their houses to play games such as football and tennis, in order to avoid going down the main road to get to the park:

"...It is handy down there because we would have to go down the main road to go across the park."

Girl, 13 years, Remote Town/Rural, deprived, lower income

8.8 CHAPTER SUMMARY

Age was a key influence on service exclusion and inclusion in a number of ways:

- *Age-related restrictions* imposed by service providers: these formed a barrier to service use, both directly prohibiting access, and indirectly impacting on service use should others whom young people co-attended services with become ineligible to attend on the basis of age.
- *Being the 'right' age*: young people described vaguer more informal age impacts as a result of their perceptions of service suitability for their age, such as opting out of attending services they viewed as unsuitable for their needs. In relation to emergency health services, children's use of services could be influenced by their concerns about whether some would listen to them and take their calls seriously, or would simply ask to speak to an adult instead.
- The extent to which facilities within services were viewed as *age appropriate*: facilities such as local parks were perceived as generally designed for use by younger children than 13 and 14 year olds, but still represented places this older group wanted to use to spend time and meet friends. Health facilities were also discussed in terms of the extent to which they offered provision appropriate to young people's age-related needs, suggesting the need for 'young people' friendly waiting areas in health centres and surgeries as well as those provided for younger children. These issues suggest the need for further consideration of how best to utilise mixed use of the same spaces within services, to ensure they meet differing age group needs.

- *Changing preferences with age*, resulting in young people opting in and out of different services over time.
- *Growing independence in accessing services over time* with increasing age: this was influenced by parental rules which could lead to changing patterns and frequency of use of some services (such as starting to attend certain services like the cinema with friends rather than family members).

Whilst gender did not appear as an important influence in many respects, and there was considerable diversity both among boys and among girls, it did influence individual preferences and choices of services. This was most evident with regard to certain leisure and retail services (e.g. young women's preferences included clothes shopping and attending dance clubs whilst young men's preferences tended towards sport and technology retail activities, and playing football).

Supply-side considerations were a key component of young people's service use, facilitating or constraining access, or even forming a barrier to access. These included:

- *Service availability*: lack of or limited provision was a particular concern, across service domains, case study areas and age groups. Paucity of suitable places for outdoor play was a key issue, but was also raised in terms of other services such as not having access to a school nurse. Concerns were more pronounced in the City Estate, reflecting its deprived area status. Less affluent children were doubly disadvantaged in having few nearby facilities and lower mobility, so constraining their access to or involvement in leisure services outwith their locality.
- *Entry and opening arrangements*: constrictions on service use or timing of use were highlighted. More open access to services was raised as a particular need.
- *Service location*: this was related to young people's mobility in terms of ease of travel. Service proximity was an issue across service domains and case study areas, with children viewing services not within safe walking distance as only partially accessible, especially where they did not have or only had limited access to private transport. Service location could also impact on young people's decisions of whether to opt in or out of a service because of a sense of social inclusion or exclusion, which could arise where young people felt alienated or stigmatised by other young people using a service as a result of where the service was located.
- *The design and overall environment of services*: concerns about broken or vandalised equipment in local parks were highlighted particularly by young people in more deprived areas. Environments being clean and pleasant were also important with regard to health services, as were design features promoting inclusive access. Across service domains, services designed to be fit for purpose, and located in clean and non-threatening environments were of core importance.

- *Staff treatment:* non-judgemental attitudes and staffing continuity were highly valued whereas poor treatment by staff led children to opt out of attendance of services on occasion. Negative comments were most frequently attributed to retail service staff, particularly in local shops, reported as viewing them as likely to misbehave. Young people tended to be broadly positive about staff treatment within health services. Views on staff treatment in leisure services were varied. Positives were associated with helpful staff who could help boost young people's confidence, whilst negatives included being 'told off' by staff when using a service. Children's comments reflected their views on treatment resulting from their status as *children* rather than regarding the extent to which perceived staff treatment was influenced by poverty.
- *Information adequacy and availability:* whilst parents, peers and schools were significant providers of information provision, as indicated in Chapter 7, children found out about information in a rather ad hoc rather than strategically provided manner. Lack of access to information, or missing out on relevant information, could form a key barrier to participation, resulting in young people feeling 'left out' of a service such as a youth club. Information was broadly viewed as targeted towards adults rather than children, with suggestions that more specifically child-friendly and child accessible information be provided. In addition, lack of or inadequate access to information disproportionately impacted on less affluent young people, constraining their use of services.

Temporal factors, such as time of day and seasonality, impacted on young people's willingness or ability to use services, thus changing patterns of use of services such as parks and other outdoor services over time. Constraints were related both to the physical attributes of services (such as whether the facilities enabled year-round access) and to safety issues related to using a service (such as certain places being seen as 'no go areas' after dark).

Mobility was a key issue impacting on young people, shaping service use not only further afield but also of locally based services, particularly for young people reliant on public transport. Because children from lower income households tended to have a greater reliance on public transport than their more affluent peers, mobility was shaped by relative household affluence.

Young people tended to start travelling independently in their local areas around the point of transition to secondary school, with the transition usually negotiated by initially travelling with friends, siblings or cousins. Those growing up in remote and rural areas were more likely to undertake longer journeys independently.

The accessibility, availability and convenience of public transport in a given area was a particular issue impacting on young people's service use, particularly for those dependent on public transport and who lived further away from key service centres, such as those growing up in more remote rural locations. Service accessibility in remote and rural areas was frequently constrained to certain times due to limited routes and/or public transport frequency. Poor public transport links particularly exacerbated the difficulties and isolation of young people in the City Estate from the wider locality. In rural areas, distances from health services was an issue, sometimes necessitating journeys of over one hour to reach certain services. More positively, 13 and 14 year olds in more remote areas viewed local transport systems as fairly affordable and regular, enabling access to those places which were on main bus routes.

Safety concerns formed a major influence on children's perceptions of services. These were apparent across all case study areas, although they were especially prominent for children in deprived urban neighbourhoods, who described how they could be prevented from accessing services because of fears of aggression (e.g. by territorial groups). Combined with limited availability of local services such as youth club facilities, this often meant young people living in these neighbourhoods were effectively unable to engage in some services (particularly leisure services) at all.

A number of factors helped to improve perceptions of risk versus safety, including:

- the presence of peers or known adults, typically parents or service operatives such as community wardens;
- mobile phones formed another key element of 'keeping safe' strategies;
- knowledge about safe and unsafe places, people and times were also important elements for young people in terms of keeping safe.

Often, young people described barriers to accessing a service for which there was no viable alternative in the local area. This was particularly apparent for young people in the City Estate, as well as for young people living in remote rural areas from lower income households who had difficulties in accessing provision which other more affluent young people growing up in the same rural communities might have been able to as a result of higher mobility.

Barriers impacted on young people cumulatively (i.e. whilst one difficulty was not necessarily sufficient to prevent use of a service, when experienced together this became particularly problematic), often resulting in young people's exclusion from elements of provision. For example, young people's accounts illustrated the ways in which limited local provision, poor public transport links and low parental engagement could combine to result in very limited participation in leisure services for individual young people. Such cumulative barriers disproportionately impacted on young people from lower income households.

THE IMPORTANCE OF MATERIAL RESOURCES FOR CHILDREN'S SERVICE USE



9.1 INTRODUCTION

A key study objective was to determine the impact of poverty on children's perceptions of, access to and use of services. This chapter aims to explore children's perspectives on material resources and to consider their importance for children's service use. The chapter firstly discusses the material resources children access via their immediate families. Subsequent sections focus on the importance of social networks for material resources which children may access through wider kin, friendship and community networks.

9.2 FAMILY RESOURCES: AN INTRODUCTION

Children's accounts highlighted a range of resources accessed via their families that supported their service use. The important personal and informational roles played by parents in mediating service access was covered in Chapter 7. This chapter focuses on the *material* resources available to children via their families that influence use of, access to and perspectives of services. In particular, the impact of family income on service use is considered, highlighting differences in experiences faced by children living in poverty in comparison to their more affluent peers.

9.3 THE IMPORTANCE OF MATERIAL RESOURCES

9.3.1 Family income and affordability

Affordability and service use

Throughout children's accounts, service affordability was one of the most emphasised influences on service access. This reflected perceived high costs in relation to available income. The kinds of costs mentioned by children which impacted on service use included:

- entrance fees;
- travel costs;
- equipment or uniform costs;
- refreshment costs.

For some activities, several of these costs were combined.

Children's notions of affordability related both to personal disposable income - sourced through money received from within the family (pocket money; money for assisting with household chores) or money received from without the family (earned income from paid employment) - and to wider family/household income. Family resources were accessed within the household and also via parents who children did not live with: a substantial number of study participants were living with one parent. Personal disposable income became relatively more important with age, because of a shifting pattern of responsibility for making spending decisions related to service use, particularly leisure and retail, from parents to young people, as they became older.

Young people's responses indicated a general concern about affordability regarding service use and frequency of use. Whilst children from relatively affluent and relatively poor households, and both deprived and non-deprived areas, all raised affordability as an issue influencing their perceptions of and use of services, a marked contrast was identified between children from more and less affluent households both in terms of *perceptions* of affordability, and of *actual patterns of and use of services* affected by cost.

This was particularly the case for leisure services. For example, going to the cinema, and particularly frequency of visits, was considered by the great majority of young people as expensive, regardless of relative affluence, case study area, or age. Even when child discounts were available, the cost of cinema trips was perceived to significantly limit frequency of use. However, costs of leisure services had a greater impact for young people from lower income households, and the strategies children used to hide the fact they couldn't afford certain activities were highlighted. One young boy described visiting the cinema with another family because the cost for his own family to attend was too great. If he found himself without enough money, he described his strategy as follows: *'If I don't have the right amount of money I wouldn't go in, I would just leave it without them knowing'* (Boy, 10 years, Accessible Town, deprived, lower income).

The great majority of young people had previously visited a cinema, with only a small number describing their cinema usage as extremely low or nil. Relative household affluence was a key factor however, with all those indicating very low or nil usage living in lower income households. In these instances, several highlighted how they would watch films at home instead as a less costly alternative:

INTERVIEWER *"And there's this one here, cinema, you're saying that you don't really go to. Why don't you go to the cinema?"*

CHILD *"Because I've got all the films and I can just watch them."*

INTERVIEWER *"Right. So, you get the films on DVD or video or something and just watch them at home? Okay. And why do you prefer to watch them at home to the cinema?"*

CHILD *"Because [the cinema] costs a wee bit more."*

Girl, 10 years, Accessible Town, deprived, lower income

Young people from lower income households frequently indicated differences between their own use of a range of leisure services and those used by their more affluent peers. In particular, they tended to engage less with organised activities than their peers, because of the expenses involved. For example, one girl described how her friends attended regular organised activities such as Girls Brigade and Guides whilst she did not. Others described how their friends attended more local classes, such as dance classes, whilst they were themselves not able to join. Rather, less affluent young people tended to spend their free time in less supervised ways, such as playing outside, or hanging out on the street. This reflects previous research concerning young people living in poorer and more affluent areas (Matthews et al, 2000, Skelton, 2000, and Waiton, 2001, cited in Pain et al, 2005: p 816). Interestingly, in our study many less affluent young people indicated that such differences did not bother them very much. This may reflect a 'downplaying' of inequality by young people in their discussions highlighted in previous research (Backett-Milburn, Cunningham-Burley and Davis, 2003).

Attending community-based clubs/activities was also associated with affordability barriers for many young people from poorer households. For example, one 10 year old girl described how her friend was able to go to a dance club, but she was not able to go unless for a special occasion, because of the difficulty for her mother affording the entrance fee. She enjoyed dancing but noted *'... my Mum won't let me go to the dancing because it's too dear'* (Girl, 10 years, City Estate, deprived, lower income).

Other young people from lower income households described more erratic patterns of service use than the regularised attendance of some of their peers. For example, one 10 year old girl living in a small village (Remote Town/Rural) described how the 50p entrance cost prevented her attending the only local youth club on a regular basis:

CHILD *"I just go to it and sometimes not."*

INTERVIEWER *"You sometimes go ... and why would you sometimes go and why would you sometimes not?"*

CHILD *"Because if I had been bad, I wouldn't be able to go."*

INTERVIEWER *"Okay."*

CHILD *"Or if my Mum doesn't have any money."*

INTERVIEWER *"Okay, so do you know how much it costs?"*

CHILD *"50p."*

Girl, 10 years, Remote Town/Rural, deprived, lower income

This club was part of local authority community services provision, highlighting that affordability was not only an issue for young people accessing commercialised leisure, but could also arise regarding local authority and voluntary sector provision. Young people in the Remote Town/Rural area described how formerly free swimming for under 18s in the two local authority pools had recently been restricted for a period of time. Both younger and older children described how the need to now pay had limited their swimming, with some young people from lower income households stating this now prevented them from going at all:

"Because not many children are going swimming because their mum's can't afford to give them £1 every time and just give them money to get something to eat." Girl, 11 years, Remote Town/Rural, deprived, lower income

Affordability also influenced access to equipment and materials needed for certain activities amongst lower income study participants, as illustrated by a young woman regarding a school dance club:

"Like for the dancing in school you need to buy your costumes, because they don't give you what you need. Because like see when you go in, they should have all the costumes planned before you do the dancing and when you ask they say 'we haven't got them planned yet', and like a week before the dancing they tell you."

Girl, 13 years, City Estate, deprived, lower income

Another young girl (10 years, Accessible town, deprived, lower income) described how if her parents could afford to buy her some armbands this would 'make it better for swimming'.

As well as perceptions of 'extras' being prohibitive, as in the example above of the dance costumes, school uniforms and other such necessities were also difficult for some families to afford, even with eligibility for school clothing grants:

"Well my Mum gets a clothing grant, so we use the vouchers but there is not enough money in it."

Girl, 13 years, City Estate, deprived, lower income

Access and use of retail services was also affected by perceptions of affordability. Children across the study sample perceived cost as a determinant of personal and parental spending decisions when shopping. However, it was a more prominent concern for children from lower income households, a number of whom described strategies they or family members employed to try and ensure they achieved the best value for money when shopping - such as bargain hunting or visiting several stores to make price comparisons before purchasing items. Many children were knowledgeable about which were the more and less expensive stores, particularly when describing supermarkets.

Affordability also influenced service use through privileging some (cheaper) services over others on the basis of cost, as illustrated by a young woman from a lower income household who described the importance of the library and of charity shops for her to access books:

INTERVIEWER *"So what do you do when you are at home?"*

YOUNG PERSON *"I read books."*

INTERVIEWER *"Where do you get the books from?"*

YOUNG PERSON *"Library mostly. I don't really buy books, because they are expensive, and then you've bought it, read it and you don't need it anymore. Sometimes, I buy books in charity shops, it's cheap and you can find really good things in there and you help people as well."*

Girl, 14 years, City Estate, deprived, lower income

The importance of services free at the point of delivery, such as free Internet access via libraries, and free swimming for under 18 year olds, was frequently raised. Some children from lower income households rarely used services that were not free at point of access, apart from necessary trips such as household shopping. In such circumstances, young people's use of retail services tended to be limited to local, often poor quality, shops, or to occasional visits to a supermarket where cost formed the primary consideration.

On occasion, service affordability was associated with limiting less affluent young people's opportunities to develop new skills. One striking example of this involved a 10 year old girl (Remote Town/Rural, lower income) who was not able to learn to swim as the entrance costs for the family, combined with transport costs (the nearest pool was over 20 miles away), made such a trip impossible. She attended a school where swimming lessons were not provided until the last year of primary, and so there were no alternative ways to learn to swim.

Concessionary schemes assisted young people's access to certain services. For example, discount schemes such as children's leisure access cards and Young Scot cards were perceived by many children as integral to their use of various leisure and retail services. These schemes involved universal discounts for all young people rather than discretionary discounts dependent on income. Discretionary schemes offering discounted access to services for young people from lower income households were more rarely mentioned, as in the quote below:

INTERVIEWER *"And what about things like when you go to swimming, do you use your pocket money for that?"*

Child "No, my Mum buys it because it's only 50p on her leisure card."

Girl, 10 years, Accessible Town, deprived, lower income

Young people seldom mentioned receiving free school meals, although occasionally comments highlighted an understanding of free school meal eligibility:

"...But you have to pay for school dinner money if your Mum or Dad works but my Mum and Dad doesn't work yet."

Girl, 10 years, Accessible Town, deprived, lower income

Views on health services were largely unaffected by affordability considerations, with most children describing how health services were free, as in statements that they did not have to pay for subscription charges because of their status as children. The only concrete example of affordability concerns raised was in one case study area where several children described the difficulty of accessing a local dentist, with several indicating they knew of individuals who had been unable to join an NHS dentist and so paid for private provision.

Overall, the data suggested that children from more affluent households were less financially aware than those growing up in lower income households. More affluent 10 and 11 year olds were least well informed about the cost of services amongst the study sample, tending to be unsure of the cost of activities they regularly participated in, or the cost of items purchased with parents. They were also least likely to view cost as a key factor influencing service use. This was in contrast to their less affluent peers who tended to be more financially aware of service costs and the implications of these for service use.

Understandings of family circumstances

Not all study participants articulated an understanding of their family's financial circumstances. However, some young people, particularly those from lower income families, described how affordability manifested as an issue for their family. Below, a young girl describes how family circumstances combined to create affordability pressures for the household:

"...because my step-Dad is away most of the week, my Mum doesn't work and he earns a lot of the money and my Dad gives my Mum money to look after us during the week. And so money is not a big, big thing but we need to keep money because my Mum needs to buy like [my brother] loads of new clothes and new things, because he is a little boy and he gets them all ruined and spills things over it and stuff."

Girl, 10 years, Remote Town/Rural, deprived, lower income

On occasion, young people explained how their parents would sometimes forego spending on themselves to ensure their children received what they needed, reflecting prior research suggesting parents engaged in a range of strategies to minimise the impact of poverty on their children (cf. Shropshire and Middleton, 1999). One young woman reflected her mother's strategies to meet the needs of children in the household, describing her concern about the mother's tendency to 'go without' to ensure the children's needs were met:

"Well my Mum takes me ... well she gets money like the last Wednesday of the month, so she takes me out one Wednesday and then my big brother and then my big cousin, because my big cousin lives with me. She doesn't really buy anything for herself, but we always say 'get this for yourself, get that for yourself', but she always says 'no, what about you' and everything. We are like 'get it for yourself, you never get anything for yourself'." Girl, 13 years, City Estate, deprived, lower income

Some respondents suggested that young people altered their requests according to their awareness of the families' financial situation at the time:

INTERVIEWER *"And how do you decide when you are going to go swimming?"*

CHILD "When I know my Mum has got enough money."

Girl, 10 years, Remote Town/Rural, non-deprived, lower income

Such findings are in line with previous research suggesting that children are aware of the financial difficulties faced by their families and will sometimes modify expectations or requests accordingly (e.g. Shropshire and Middleton, 1999; Backett-Milburn, Cunningham-Burley and Davis, 2003).

Others were reluctant to discuss how their family circumstances influenced their service use, preferring to say that they didn't like certain activities or were 'not bothered' about taking part in certain activities.

Whilst the study did not have access to individual household income data, it was apparent that there were considerable differences in the service-related experiences of children within lower and higher income categories. With regard to the lower income group, a number of young people described very limited use of services. Their access to services appeared to be particularly constrained due to household poverty. They were often without access to many services at all beyond statutorily provided services such as school and healthcare. These children tended to be acutely aware of their own family circumstances and how income poverty affected

their lives in terms of the services they could use, or the frequency of use, and how this differed from their peers. For example, those children who indicated they were never, or only very rarely, able to go to the cinema because of cost also indicated their limited access to a range of other leisure services.

Conversely, a number of young people in the more affluent category appeared to be able to access services largely unconstrained by any cost considerations. They tended to mention travelling widely to attend services (usually accompanied by parents) and taking part in more expensive pursuits such as horse-riding and sailing, suggesting higher household income than for the majority within the group.

Understandings of the impact of relative family circumstances on service use

Children were invited to comment on the perceived effect of income differences for service use. Some stated they were unsure of how this might affect children from different backgrounds, whilst another group (comprised mostly of younger children) perceived that children from more or less affluent households than their own would do similar things to their own households, indicating that individual preferences were more important determinants of service use.

Others were insightful about the family circumstances of those they perceived to be more affluent and less affluent than their own family, and how this impacted on young people's service use and spending free time. These children highlighted awareness of difficulties experienced by others as a result of poverty. This is illustrated in the following quote, in which a young girl from a lower income household perceived the experiences of a young boy she knew as particularly unjust. Such a direct reference to the injustice of poverty was unusual in the study, however:

"It's no' fair. There's this wee boy, right, and he's got six brothers and his mum tells his wee brothers to go to the shop and they're only about two or three... she disnae even hae' enough for milk."

Girl, 10 years, Accessible Town, deprived, lower income

Young people appeared particularly insightful about the impact of family circumstances on recreation. For example, one young boy described a friend who was less able than him to afford activities such as going to the cinema, but perceived others were better able to afford other activities such as holidays. Another young boy described how children in poorer families than his own would not be able to afford computer games.

The following highlights one boy's awareness of the influence of affordability on service use for different families, including its influence on his own family's service consumption. This particularly illustrates the impact of affordability on frequency of service use:

CHILD *"[]...well my Mum doesn't even ... she can't really afford that much, that is why we don't go to the pictures a lot. I do kind of get spoilt. And [a friend], she doesn't get as much as me - she just likes to go out in the street with her pals and play football and all that, play kerbie and all that."*

INTERVIEWER *"Okay, so are there things that young people who are better off than you and your family ...do you think there are things that they would be able to do because they have got more money?"*

CHILD *"Well, they could go to the pictures more often, or like go to clubs and stuff like that, swimming more and all that."*

Boy, 10 years, Accessible Town, deprived, lower income

Other responses suggested that less affluent households would have to save up to go shopping for certain goods or to take part in certain activities: *"they wouldn't get much 'cause ...they might not have enough money for the things they want. They would have to save up for things"* (Girl, 11 years, Accessible Town, deprived, lower income); instead, they would spend time engaging in free activities which required no equipment such as hanging out or playing football on the street, whilst more affluent households could do *'more things'* - go where they wanted when they wanted, and spend what they wanted rather than having to wait.

Young people's responses suggested that family income would also influence the type of services that would be used by a family, reflecting their understanding of relative affordability:

INTERVIEWER *"And do you think for young people who are worse off than you, would they be able to shop and kind of get the same things?"*

CHILD *"Well, I think they would basically just do the same thing as me, but not all the time, just like once a week to see if like they needed a pair of jeans or something like that trackies [tracksuits]... just wait a wee while until they can get another pair."*

INTERVIEWER *"Okay, and young people who are better off than you, would they go to similar places, or would they go to ..."*

CHILD *"...They would probably go to better places, like I usually go to Sports World and they have got like all the stuff like trackies there, but they would probably go to other shops that have got the same things, but are dearer."*

Boy, 10 years, Accessible Town, deprived, lower income

INTERVIEWER *"What about people who are better off than you?"*

YOUNG PERSON *"Oh, they would be like, they would go to all the good places and that, like, music lessons and all that."*

Girl, 14 years, City Estate, deprived, lower income

Respondents also suggested that more affluent young people might have access to certain services others would not, such as private health services. For example, one 14 year old from a lower income family living in the City Estate area thought that more affluent young people would use *'their own'* health services. It was also perceived that different retail services might be used by more affluent young people, who would use *'dearer'* shops, whilst less well off young people would use *'just the local one'*.

Thus, young people's responses indicated their perception of a demarcation between services used by poorer young people (usually cheaper, often more local, lesser frequency, lower level of consumption, more limited range) and those used by more affluent young people (more expensive, wider range and variety including geographical range, greater frequency and higher level of consumption).

Service symbolism

Young people's comments suggested that services could also be symbolic of another's family circumstances, particularly for retail services. Below, a young woman describes shops she perceived as symbolic of affluence:

"They would buy just the same, only that they wouldn't go to a cheap shop, they would go to BHS, Marks & Spencer...[]... if you go there, it shows you have money, I think. Shopping is much easier though if you have money." Girl, 14 years, City Estate, deprived, lower income

Conversely, the type of shops used could also be symbolic of less affluent family circumstances. For example, one more affluent young woman (14 years, Accessible Town) described charity shops as being *'for people that can't spend as much as like people that have got money'*. She never used charity shops herself because she perceived them as associated with this stigma.

Service quality

Occasionally, young people suggested that affluence would enable access to better quality of services, as illustrated by the following comments:

"I think they would go and get better services. If you pay more money, you get faster service, I'm not sure."

Girl, 14 years, City Estate, deprived, lower income

CHILD *"[]... there is a lot of people who are better off than me, but if they do different things to me, it doesn't really bother me because the things they do aren't much different from what I do."*

INTERVIEWER *"Okay, what kind of things do you think they might be able to do?"*

CHILD *"They maybe go to a club like the [local one she attends], but it would be somewhere different and maybe just ... not that much better, but a wee bit better. But it doesn't really bother me."*

Girl, 11 years, Remote Town/Rural, deprived, lower income

Also, several less affluent young people believed that more affluent young people would be able to access better health services through paying for provision.

The above comments suggest that young people's service expectations were influenced to some extent by relative household affluence, with young people from lower income households holding more limited expectations of the services they were able to access, when compared with the services they viewed more affluent young people would be able to access.

Responses also reflected young people from lower income families' uncertainty about the kinds of things more affluent young people might have access to, which they themselves were unable to. This suggests that young people were not necessarily aware of opportunities beyond those available to themselves. For example, one young woman (14 years, City Estate) described how she thought more affluent young people would go to *'more expensive shops'* located *'up the town'* but that she didn't know what shops these would be because she lacked the opportunity to go to the city centre shops.

9.3.2 Young people's strategies to maximise family resources

Young people from lower income households demonstrated a range of strategies to maximise their available financial resources. This included paid employment: 13 and 14 year olds from lower income households were more likely to be actively involved in paid employment than their peers as a way of increasing their personal disposable income and ensuring they were less dependent on family income.

Other strategies included searching for bargains, sharing costs with friends (as in the example above of sharing taxis) and saving money from pocket money or other sources. Only a small minority of young people who took part in the study had access to a bank account to deposit savings, and one ten year old boy described how he saved via junior membership of a local credit union. However, the most common mechanism for saving was through a tin or 'piggy bank' at home.

Negotiation was a further strategy employed by some young people. For example, this included negotiating with a parent to contribute towards the cost of a good or service, and paying for some from personal savings.

9.3.3 Transport

Access to private transport

Private transport access was an asset which facilitated access to services overall, but arrangements were often complex on account of parental availability and competing use by other family members. For example, young people were often reliant on negotiating with parents or older siblings to reach services using private transport. Costs associated with private transport were not mentioned as an issue by study participants.

Young people without regular car access were primarily reliant on public transport. As discussed in the previous chapter, this was problematic especially in deprived urban areas and in rural areas, and could effectively prevent or place considerable constraints on the range or frequency of use of certain services.

Public transport costs

The cost of public transport formed a barrier to accessing services for lower income families, especially if service use itself entailed additional costs:

“(I) like going ice skating, but the nearest ice skating rink is in [town approximately 40 miles distance]. It costs a lot on the bus to get there and then getting in and that.”

Girl, 14 years, Remote Town/Rural, deprived, lower income

On the whole, young people were knowledgeable about the cost of different public transport options, and for young people from lower income families decisions about where they went were clearly cost dependent. Below, a 13 year old girl from a lower income family living in a village in the Remote Town/Rural area explains how public transport costs influenced her decisions about using services:

“[]... you can't just go in [to town] and then come back. It is like there is a £2 day discovery [ticket], and about four o'clock the [local town] one, it is like a 50p return, but during the day it is £2.70, which is worse.”

Difficulties associated with transport costs combined with limited public transport provision were raised specifically in rural areas, where 13/14 year olds described various ways they sought to access services. Local public transport was considered as relatively good value but given the fairly limited local bus services in terms of routes and times, on occasion they resorted to booking a taxi to access leisure and retail services in a nearby town by making arrangements with others to share the costs. Service access was therefore dependent on young people having sufficient money as well as friends who wished to share such a journey.

Young people living in more remote rural locations were also particularly affected by the double impact of public transport costs and the expense of using a service itself, frequently resulting in greater reluctance to use services. Growing up in lower income households in remote areas where public transport was required to access services was especially constraining. However, the combined cost of transport and leisure service entrance costs led children from lower income families across all case study areas to indicate that using some services was not a financially viable option.

Young people who had to cover all the costs of participating in an activity (including transport costs) from their own personal disposable income were particularly constrained by this double burden. This included children who received only limited or irregular money (through pocket money or in return for household chores), or who did not want to ask for money from a parent to meet their needs and lacked alternative sources of money such as through paid employment.

9.3.4 Accommodation

The housing where children lived was a further family resource influencing service access and use, mainly because this affected the desire or need to use certain services. As discussed in Chapter 6, young people's use of free time was considerably influenced not only by where they lived, but also by the type of property they lived in.

For example, children with access to a garden frequently described this as a key place they enjoyed spending time, and having access to such private spaces could diminish their level of use of local services such as parks. In contrast, young people living in tenements did not have access to such private space, and for these young people access to public spaces such as parks appeared far more important, featuring more strongly in discussions and through their photographs, than for other young people.

Living in a spacious home and having access to private outdoor space tended to be associated with affluence. In this way, again, young people from poorer backgrounds were both less likely to have alternatives to services such as private outdoor space, but were conversely less likely to be able to afford alternatives such as attending leisure facilities.

9.4 THE IMPORTANCE OF SOCIAL NETWORKS FOR ACCESSING RESOURCES

9.4.1 Extended family

Help from wider kin, particularly grandparents, aunts and uncles, was a key resource expressed by young people in supporting their access to or use of services. Indeed, children's lives were frequently closely bound with wider family, and often households comprised aunts, uncles, grandparents or cousins as well as parents and siblings. The types of support varied considerably amongst the study sample, but included:

- assisting children to physically access provision, particularly in the absence of a parent who could fulfil this role due to work, caring or voluntary commitments, or due to lack of parental engagement for other reasons (such as unwillingness or disinterest);
- enabling young people to access services which might otherwise have been beyond their scope.

Support commonly took the form of an extended family member offering lifts to and from particular activities. One young girl described lifts to attend evening drumming lessons at a nearby secondary school:

“My friend used to take me but her Mum's got a bit too busy so my uncle takes me now.”

Girl, 10 years, Accessible Town, deprived, lower income

Lifts from wider family on journeys outwith the local area were particularly valued for children whose parents did not have a car. In this way, extended family members provided an important route for young people to exploit opportunities beyond the immediate neighbourhood, particularly for those living in poorer households.

Extended family also provided young people from lower income households with opportunities for experiences they might not otherwise have had access to. Wider kin were involved in taking young people on 'treats', such as cinema or shopping centre trips, or even on holiday. Whilst children across the study sample reported receiving help from wider kin, this appeared to hold greater significance for young people from lower income households who might not have had alternative ways of accessing such 'treats':

"In the summer holidays usually I meet up with my friends a lot or we might go away for a day ... we get days away, because my granny, she has stopped working at Woolworths now and she has got more free time now to spend with us." Girl, 11 years, Remote Town/Rural, deprived, lower income

Additionally, relatives were often described as providing somewhere young people could visit during school holidays, forming a leisure opportunity for young people which affected their desire or need to use formal recreation services:

INTERVIEWER *"So do you tend to spend quite a lot of time in [name of town] then, at your grannies?"*

CHILD *"Aye, because the buses are cheap - it is like 50p return."*
Girl, 14 years, Remote Town/Rural, deprived, lower income

Wider kin were also important providers of personal disposable income. Whilst not confined to any one group, this seemed of greater importance for less affluent young people who might, for example, receive pocket money from grandparents or aunts to supplement limited pocket money received from parents:

CHILD *"Well, I get a pound every Monday off my nana."*

Interviewer *"Right. So, your nana as well. Okay. What about aunts or anyone like that?"*

CHILD *"I used to get a pound from [aunt]."*
Girl, 10 years, Accessible Town, deprived, lower income

Gifts of money from extended family members at particular times such as Christmas and birthdays were also a key resource highlighted by young people. Relatives also financially supported young people on occasion, taking them shopping or paying for access to leisure facilities:

INTERVIEWER *"What about things that you do with your grandma?"*

CHILD *"Go out shopping, because if we go out shopping with her, she buys us stuff and that."*
Girl, 10 years, City Estate, deprived, lower income

Extended family also helped young people from lower income households to access services through their jobs. For example, young people mentioned aunts and cousins who worked in shops who gave them discounts for items bought in the shop. One young boy had an uncle who was the janitor of the local hall, who gave him and his friends access to play there.

Another important resource which extended family supported young people to access was the Internet. Where young people did not have home Internet access, many reported regular visits to the homes of their relatives for this purpose.

Overall, the findings suggest that whilst extended family were important in providing resources which assisted with access to services for both more and less affluent groups, these resources were of greater significance for children from poorer households. This reflects previous research by Backett-Millburn, Cunningham-Burley and Davis regarding exchanges of 'gifts and transactions' from wider kin which 'softened' less affluent children's material disadvantages. They found that children from more affluent households also received such exchanges, but these tended to be additional rather than in replacement of goods or services not otherwise received, as tended to be the case for less affluent young people (2003: p 619).

9.4.2 Friendship and community network resources

Peer resources

Young people frequently described offering friends support to access services when they recognised their friend's more limited access to resources. This included involving friends in their own family activities such as day trips or holidays, or covering the entrance costs to a service such as purchasing cinema tickets:

"If some, say, like one of my friends, if they're with me and my Mum ... and I had extra money I would give them it so that they could go."
Girl, 10 years, City Estate, deprived, lower income

"My friend doesn't go very much places with us and I actually feel sorry for her. She doesn't go as much places she comes up with excuses, but I think it is because of that [not having money], which is a shame. But we try and get her to come."
Girl, 13 years, Accessible Town, non-deprived higher income

Some young people referenced the reciprocity which sometimes existed between friends with regard to support to access provision:

"I have got a friend and she loves going to the [local community centre], she thinks it is great. And she doesn't get to go swimming as often because she is usually helping her Mum around the house because her sister doesn't like helping, she would rather sit on the couch and watch telly. So she helps quite a lot. So she comes swimming once a week with me, and I usually pay for her to get in and that because I am like 'well I will pay for it so we can both pay for different things and that'. She has helped me in the past, so I like to help her."

Girl, 11 years, Remote Town/Rural, deprived, lower income

CHILD *"And [my friend's] best friend like [name of friend], she lives up in [local estate]. Usually [this friend] kind of joins in with what [my friend] and her mum and wee brother do, so [friend's mum] sometimes pays for [this friend] to join in with them."*

INTERVIEWER *"Okay, so in that way do you think friends are quite important then in terms of going and doing things?"*

CHILD *"Yes, I mean my Mum couldn't do that for like one of my friends, because there are so many of us it costs so much money anyway."*

Girl, 10 years, Remote Town/Rural, deprived, lower income

Conversely, young people living in poorer households frequently described receiving support from friends, which helped them access a range of resources and services. Although such support could be viewed as a positive, it could also be associated with fears of being stigmatised or 'different', particularly where there was no reciprocity involved:

CHILD *"If [my friend] offered me and she said 'I'll get the tickets' [to the cinema], I would say 'no, I'll get a ticket for myself and you get your own ticket', because I don't like getting money off people."*

INTERVIEWER *"It doesn't make you feel good?"*

CHILD *"No, it makes me feel like I am taking all their money and things like that."*

Girl, 11 years, Remote Town/Rural, deprived, lower income

Peer resources which young people could share in, by joining friends on outings, trips and holidays, was thus an important aspect of friendships. This could result in young people having access to a wider range of services, or to alternatives to services, such as going to a friend's to play on their trampoline. In this way, young people without certain resources via their own families created access to these or alternative resources via friendship networks, demonstrating how children and young people may form social capital via friendship networks.

Community networks

During the study, discussions concerning the role of supportive networks within the local community for young people's use of services were fairly limited. Not all study respondents perceived a supportive community network to exist beyond their extended family. For those young people who did experience such community support, this was typically in the form of a supportive individual or individuals, such as neighbours or close friends of parents, who helped them access certain services by paying the associated costs or helping with transport or other arrangements.

Neighbours were also occasionally cited as being a primary instigator for young people's involvement in local services, such as football clubs, where the neighbours themselves were involved in the service and had encouraged the participation of local young people. On occasion, they were also viewed as being sources of support in the absence of a parent, such as enabling access to services in an emergency.

Knowing people in the wider community also assisted young people to feel safe in the local area. On occasion, young people's descriptions of where they played was closely related to where known individuals within the community lived, contributing to their own 'geography of safety'. It could also be associated with contributing to young people feeling more comfortable about walking to facilities in their local neighbourhood.

Community networks appeared to be most frequently derived from parental networks, and so young people whose parents lacked strong local networks were reliant to a greater extent on the networks they formed via their own friends. Young people growing up in smaller communities in rural areas were most likely to describe knowing more people living nearby, whilst young people living in urban areas, particularly deprived urban areas, were more likely to describe extended family networks living nearby.

9.5 CHAPTER SUMMARY

This chapter focused on the material resources available to children via their families that influenced their use of, access to and perspectives of services, and on the importance of social networks for material resources which children access, via extended family, friendship and community networks.

Service affordability was one of the most emphasised influences on service access in children's accounts, reflecting children's perceptions of the high cost of services in relation to the income available. Such costs included entrance fees, travel costs, equipment or uniform costs and refreshment costs associated with using different types of services. Whilst affordability was raised as an issue by young people from both relatively affluent and relatively poor households, there was a marked difference between children from lower and higher income households in terms of their perceptions of affordability, types of services used and frequency of use of services resulting from cost considerations. This was particularly the case for leisure services, affecting local authority and voluntary sector provision as well as commercial activities. The greater impact of leisure service costs on less affluent young people on occasion resulted in young people developing strategies to hide the fact they couldn't afford certain activities.

Young people from lower income households engaged less with organised activities as a result of the costs. Service use for children from lower income households was also more sporadic or erratic in nature than the more regular patterns of service use of some of their more affluent peers. This affected opportunities for skill and knowledge development.

In relation to retail services, children described strategies developed by themselves or family members to try and ensure they maximised value for money, such as bargain-hunting, gaining knowledge about more and less expensive retail outlets, doing price comparisons amongst stores, and using a library or buying books in a charity shop rather than going to book stores.

Children wanted and valued services free at the point of delivery (such as Internet access via libraries, and swimming for under 18s).

Children from lower income households appeared to be more financially aware of service costs than their more affluent peers, and to be more aware of the implications associated with these costs for their own use of a range of services. Some children modified their requests based on their awareness of limited financial resources.

Differences in young people's experiences of services occurred within income groups as well as between them. There were those within the lower income group who described very limited use of services whose access to services were apparently particularly constrained as a result of household poverty. They rarely used services beyond those statutorily provided services such as school and healthcare.

Children also reflected on their perceptions of the effect of income differences on service use. Whilst some were unsure of how income differences might affect children from different backgrounds, others thought children would do similar things to their own households regardless of income. Others' responses indicated their perception of a demarcation between those services used by less affluent young people (usually cheaper, often more local, lesser frequency, lower level of consumption, more limited range) and those used by more affluent young people (more expensive, wider range and variety including geographical range, greater frequency, higher level of consumption).

The research highlighted a range of strategies employed by less affluent young people to maximise the financial resources available to them, including seeking paid employment (more common amongst 13/14 year olds from lower income households than their more affluent peers), bargain-hunting, sharing costs with friends, saving from pocket money and negotiating with parents to share costs of a good or service.

When children's families owned cars, this was an asset which facilitated access to services. Costs of public transport formed an additional barrier to service access for children from lower income families. Young people tended to be knowledgeable about different public transport costs, with decisions on where they went being clearly cost dependent for young people from lower income households. Costs combined with limited frequency and routes were particular concerns in rural areas, and young people on occasion had to resort to sharing taxis in order to access services. The double impact of public transport costs combined with direct costs of accessing services affected children living in lower income households across the study, but were particularly burdensome for young people living in more remote rural locations. This led some simply not to use services they would have liked to.

Accommodation formed another family resource which influenced service access and use, as this tended to influence young people's desires or needs for services. Patterns and frequency of service use could, for example, be influenced by the amount of space in a home, or whether there was a garden to play in. For less affluent young people with small homes and limited private outdoor space, access to public spaces such as parks appeared to be more important than for children with access to more extensive private facilities.

As well as material resources accessed within the family household, support from extended family such as grandparents, aunts and uncles constituted resources enabling access to services, something which otherwise may have been beyond their scope. Support included access to transport through providing lifts to and from services, or on journeys outwith the local area, thereby forming an important route for young people, particularly those from less affluent households, to access opportunities beyond the immediate neighbourhood. Extended family members' actions were important means for young people to access cinema trips, trips to shopping centres, or holidays. Whilst such support was evident across the study sample, this appeared to hold greater significance for young people from lower income households.

Peers were also an important source of social capital aiding access to services. Young people described involving friends in their own family activities, such as day trips or holidays, or covering entrance costs such as purchasing cinema tickets. Reciprocity was evident, whereby friends might exchange different kinds of support, or pay for one another at different times. Children from less affluent households described help from friends, which assisted them to access a range of resources and services. Whilst this was broadly perceived as a positive, it could also be associated with fears of being stigmatised or being in some way 'different', especially where there was no reciprocal exchange.

THE IMPACT OF NEIGHBOURHOOD CONTEXT



10.1 INTRODUCTION

Previous chapters have raised a number of issues associated with place, such as the prevalence of safety concerns in deprived areas discussed in Chapter 8. This chapter focuses more specifically on the importance of neighbourhood context for children's perceptions of, access to and use of services, drawing together evidence to reflect on how place of residence shaped children's use of services, including the constraints associated with place. This is followed by a consideration of how income poverty experienced at the household level and the neighbourhood context interacted to influence children's service use.

10.2 NEIGHBOURHOOD CONTEXT AND CHILDREN'S PERCEPTIONS OF SERVICES

As the data reported on throughout this report has signalled, the great majority of children across the study sample offered their perspectives about services in their local area in particular, as these were the services they regularly came into contact with and tended to be most knowledgeable about. Whilst they had particular knowledge about local services, they were also able to make comparisons with other areas.

Two key dimensions of neighbourhood context will be explored. The first relates to deprived versus non-deprived area status, the second to urban versus rural dimensions. It is of interest to note that across the sample, regardless of age, gender, rurality or neighbourhood deprivation, children expressed dissatisfaction about what they perceived as limited things to do in the local area where they lived. However, this concern was most strongly associated with more deprived urban environments and rural environments.

Neighbourhood deprivation

Young people from both more and less affluent neighbourhoods rated services as better in less deprived areas. With only a few exceptions, young people living in areas of relative deprivation, particularly urban areas, tended to perceive the services in their local areas less favourably than services in other areas. The overall quality of local environments, shops and leisure facilities were frequently described in more negative terms than those services they associated with other areas. Interestingly, there was a tendency for comparisons to be made not with other similarly disadvantaged areas, but with more advantaged areas the young people were familiar with.

Key concerns raised by young people living in more deprived areas included environmental negatives such as graffiti, litter, dog dirt and dropped needles in local streets and in the parks. For example, one young girl described her local park as 'full of glass and needles sometimes' (10 years, Accessible Town, lower income deprived).

Young people's fear of other people and of unsafe places within their local area, which were more prevalent concerns for those living in deprived areas, were also frequently highlighted as contributing to negative perceptions of their local area. This in turn affected willingness to use services embedded within a negative landscape:

"...like if you go [to the park] at like 6 o'clock or something there are loads of teenagers hang about there."

Girl, 10 years, City Estate, deprived, lower income

"Cause there's hundreds of fighting at [the street] and all that."

Boy, 13 years, City Estate, deprived, lower income

FIRST YOUNG PERSON *"Any good places there's fighting where you go."*

SECOND YOUNG PERSON *"...because people are in different teams."*

Focus group, 13/14 year olds, City Estate

"[]...corner shops are usually in places which are like abandoned, empty areas, I don't like going there. I don't feel safe."

Girl, 14 years, City Estate, deprived, lower income

Unsafe equipment due to lack of maintenance or vandalism were also more frequently highlighted by young people growing up in relatively more deprived areas as contributing to their perceptions that local services in their area were poorer and more restricted than in other areas:

"The only thing you can mainly do [in the park] is play football because everything else is like vandalised."

Boy, 11 years, Remote Town/Rural, deprived, higher income

Vandalism was noted as a feature that could affect a whole range of services in relatively more deprived areas, including many public services such as schools and health centres. This was illustrated by one young boy (10 years, Accessible Town, deprived, lower income) who described how his local health centre frequently had its windows broken through vandalism resulting in boarded up windows.

Poor quality and choice in local shops were also mentioned mainly by children living in relatively more deprived areas. Shops in the City Estate, which represented some of the most deprived areas in the country, were particularly viewed as offering low quality and limited choice in comparison to other areas, as highlighted by one young girl (10 years, City Estate, deprived, lower income) who pointed to 'out of date stuff' that she had found in her local shop.

Poor environmental conditions around the local shops was another factor:

YOUNG PERSON *"[Points to photograph]. They're the local shops. A bit of a dump."*

INTERVIEWER *"Right. Why do you say that?"*

YOUNG PERSON *"Because it's just ... they're rubbish and there's graffiti."*

Girl, 13 years, City Estate, deprived, lower income

Similar issues were highlighted in the more deprived areas of the Accessible Town. For example, one young girl preferred visiting shops in the town centre because of the poor quality of produce in the neighbourhood shops where she lived:

"Cause the corner shop sells things that are rubbish and the one in [the neighbourhood] sells out of date chocolate and that."

Girl, 10 years, Accessible Town, deprived, lower income

As with the City Estate, shopping in more deprived locations of the Accessible Town were also associated with unpleasant environments, with litter and lack of cleanliness identified by several children as concerns.

Concerns about quality and limited choice and range in respect of leisure facilities were also mentioned to a greater extent in relatively more deprived areas than more affluent areas. For example, in the City Estate, the majority of young people perceived there to be a lack of things to do locally and this was more marked than in other areas. There was no cinema, no theatre, few youth clubs or other organised activities, and few places to meet friends. These problems were not confined to the City Estate however, as illustrated by the comments of one young man living in a relatively deprived area of the Accessible Town. He described his less positive perception of leisure facilities in his neighbourhood in comparison to places he knew from visiting relations:

“Aye, there are quite good activities, there is more than there is up here activity wise, but there is big places down there, like massive swimming pools and all the rest of it that you can go to. Big football pitches and tennis courts and all the rest of it, there is quite a wide variety of choices to do for sports and that.” Boy, 14 years, Accessible Town, deprived, lower income

Quality concerns included environmental issues such as low levels of cleanliness of leisure facilities in more deprived areas. The quality of buildings, especially schools, was a concern raised regarding services in more deprived areas. For example, one young boy described his classrooms in huts, which he thought were not very good – being far too hot in summer, and far too cold in winter. Occasionally, positive building design features were highlighted. Railings around school grounds at one school in a deprived location in the Remote Town/Rural area were described as helpful as they ‘keep bad people out’ (Boy, 11 years, deprived, lower income), thus helping children to feel safe whilst attending school.

With regard to health services, young people’s perceptions were broadly similar across both relatively more deprived and more affluent areas. However, a small number of young people living in more disadvantaged areas made critical comments, such as a young woman who viewed health facilities in the area where her grandmother lived as much cleaner than those in her own locality.

A contrasting perspective on local services was offered by young people living in more affluent areas, who usually lived in higher income families. They tended to consider their own areas had more positive local services than those available in more disadvantaged areas. They did however frequently compare the services they accessed in their local area unfavourably with other areas they knew, from day trips, going on holiday or visiting family. These comparisons often highlighted how young people living in more affluent areas still felt they lacked access to as full a range of services as they believed existed in other areas, particularly in terms of leisure and retail services.

There were also concerns raised by some young people living in more affluent urban areas related to safety, vandalism and litter in their local area, although these concerns were less widespread than those raised by young people living in more deprived areas:

INTERVIEWER *“What about the park? Do you go to the park?”*

CHILD *“Not really, because a lot of teenagers wreck them down. There used to be one down the road and then vandals set fire to it and they have not done anything to it.”*

Girl, 10 years, Accessible Town, non-deprived, higher income

“Well I don’t really go up to the shop up the road because they [teenagers] are always hanging outside there or the chip shop. I usually just go with my Mum there.”

Girl, 10 years, Accessible Town, non-deprived, higher income

Remote and rural areas

Perceptions of a limited choice of services were particularly highlighted in the Remote Town/Rural area, where children reported lack of provision of certain services and the need to travel outwith their own area to access them. For example, a 10 year old girl described her negative view of local leisure facilities as follows: *‘They are rubbish, because there are no ice rinks or anything here.’*

Relative ease or difficulty in travelling to access services was a recurrent theme in this area, with difficulties particularly impacting on the mobility of those children/young people living in more remote locations. Children living in more remote locations often also described how there was no choice in provision of a certain service: it was a case of opting in or out of using the one service that was provided locally. Young people living in rural areas tended to be particularly concerned about health service availability in their local area, citing examples of having to travel outwith the area because relevant facilities were not available locally.

Young people also viewed retail services in the Remote Town/Rural area to be particularly limited, with many suggesting they would like to see ‘more shops’ or ‘better shops’ available to them. It was also perceived that goods in local shops tended to be more expensive than in larger towns and cities:

“[Local town] tends to be a lot more expensive if you want to buy things. Maybe not in food shops, but if... like the clothes and things and the gift shops are a lot more expensive. Like down in [local town], the electrical shop for example they might be selling a toaster for £20 or something or £30 and in Glasgow you could get it for about £10. There is quite a big price difference.”

Girl, 14 years, Remote Town/Rural, non-deprived, higher income

In contrast to retail costs, she believed that other services’ costs were generally reasonable:

“I think the prices are alright for services, but for shops and things it is very high.”

One young woman explicitly voiced her concern that her local town was excluded because of a lack of things to do, in contrast with major cities:

“It seems to be that sort of London and Glasgow are big cities and they have a heck of a lot more to do. [Local town] is quite excluded and not much to do. If you are looking for a good day out or something, it would be the cities that you go to.”

Girl, 14 years, Remote Town/Rural, non-deprived, higher income

However, there was also an acceptance that rurality entailed more limited availability of facilities such as leisure and retail services, as described by one 14 year old girl (Remote Town/Rural, lower income deprived):

“I am not really interested. It is not as if I am comparing it. This is just like a wee countryside - it is not as if I stay in a big city life, so I don't compare stuff like that. Because I know what kind of place I live in, this is more or less a rural kind of thing.”

Such limitations impacted on young people differentially depending on the wider opportunities available to them, largely reflecting both mobility and relative affluence. For example, the perceived lack of leisure services in the local area was not viewed to be problematic by one more affluent young woman whose spent much of her time being taken to places outwith the locality by her parents:

“Usually I am all over the place at the weekends and stuff, so if it wasn't... if there was something in here, I wouldn't really be going to it because I would be somewhere else.”

Girl, 14 years, Remote Town/Rural, non-deprived, higher income

Of the three case study areas, young people living in the Accessible Town area tended to view their wider area most positively in terms of service access. The following illustrates one young boy's perceptions of the positives associated with living there:

“Because [Accessible Town] is quite big and it has got all the different shops, the variety of clothing, you have got different places to eat, you have got dentists, quite a lot of doctors and we have got a hospital, and some countries aren't like that.”

Boy, 10 years, Accessible Town, deprived, lower income

However, as highlighted in the section above on neighbourhood deprivation, local services at the neighbourhood level were perceived less favourably due to the limited choice and environmental negatives young people perceived they exhibited.

10.3 INTERACTION EFFECTS BETWEEN INCOME POVERTY AND NEIGHBOURHOOD CONTEXT

Young people living in low income households who took part in this study also tended to live in areas of deprivation. This was particularly the case in the urban areas although was less true of those growing up in more rural and remote areas. For children growing up in low income households in deprived neighbourhoods, their use of services was thus constrained not only as a result of income poverty and its effects as explored earlier in this report, but was also negatively impacted by factors associated with poverty of place which have emerged during this study as impacting on children's perceptions of, access to and use of services. These factors included limited availability of some local services, territoriality, safety concerns and physical hazards present within neighbourhoods. Thus, in addition to inequalities in access to and use of services related to income poverty, the inequality experienced by children living in poorer households in more deprived areas was reinforced and deepened as a result of spatial inequalities associated with the neighbourhood context in deprived areas.

There were also interaction effects associated with neighbourhood context in terms of the opportunities or constraints the neighbourhood placed on children's social networks. Young people growing up in more diverse, less deprived areas (both urban and rural) were more likely to describe friendships across a diverse range of family circumstances, formed for example through attending primary school. For young people from lower income households in such areas, this was associated with enhanced opportunities to share resources their more affluent friends had access to through their families, including private resources which as explored in Chapter 6 could form alternatives to services (spacious homes; private gardens), or resources which supported access to services (private transport; cash for entrance costs). This did not seem to occur to the same extent in more deprived neighbourhoods, where children tended to have more limited opportunities to create diverse social networks and thus more limited opportunities to share in private or material resources.

However, the importance of resources accessed via extended family members, and to a lesser extent community members, was a particularly strong feature to emerge with respect to the experiences of children living in more deprived urban areas, which could mitigate the impact of both income poverty and poverty of place in terms of children's access to services. This included, reciprocity, in the form of an exchange of resources with extended family and with friends, which was an important mitigating feature in the experiences of children growing up in more deprived neighbourhood.

Thus, opportunities to access resources via family members and friends in particular, and to a lesser extent by community members, appears to be a key way of mitigating the combined impact of area effects and income poverty effects with regard to young people's service use.

10.4 CHAPTER SUMMARY

This chapter focused specifically on the importance of neighbourhood context for children's perceptions of, access to and use of services, through an exploration of two key dimensions of neighbourhood context: deprived versus non-deprived area status, and urban versus rural contexts.

Perceptions of limited things to do in their local area was a key concern for young people everywhere, regardless of age, gender, rurality or neighbourhood deprivation. This concern was however more pronounced in the accounts of children living in more deprived urban contexts and in rural contexts.

In terms of neighbourhood deprivation, services were rated as better in less deprived areas by young people from more and less affluent neighbourhoods. The evidence suggested a tendency for young people living in relatively more deprived areas to perceive local services in their area less favourably than in other areas. This applied particularly to the overall quality of local environments, shops and leisure facilities. More specific concerns were voiced about environmental negatives such as graffiti, litter, dog dirt and dropped needles in local streets and

parks, together with a greater prevalence of safety worries related both to people and places. Also, buildings and equipment were often seen as unsafe or unpleasant due to low maintenance or vandalism. This reduced young people's willingness to use services located in these areas. Whilst this was a feature of deprived areas under study generally, it was most marked in the City Estate, reflecting its more pronounced levels of deprivation. However, some positive features of building design were also mentioned, such as railings around school grounds.

Young people from more affluent neighbourhoods associated their areas with more positive local services than those in more deprived areas. However, they could also compare their areas unfavourably with other (affluent) areas they were familiar with, reflecting the view that they lacked access to as full a range of services, particularly leisure and retail services, as they believed existed in some other areas. Also, they raised issues of concern associated with safety, vandalism and litter, although these were less widespread concerns than for children growing up in more deprived areas.

Interestingly, apart from concerns about vandalism to buildings where health services were located, young people's perceptions of health services were found to be broadly similar across more and less deprived areas.

Rurality was a further dimension of neighbourhood context explored. Those growing up in remote and rural areas were more likely to describe a limited choice of services in their local area, resulting in the need to travel further afield to access certain services. This was itself influenced by young people's mobility, especially for those living in remote locations. Often, young people had a choice either of opting in or opting out of the one service provided locally.

Young people in remote and rural locations voiced concerns related to lack of availability of some relevant health service facilities within their local area, and also viewed local retail services to be particularly limited and for goods to be potentially more expensive than those available in other (more urban) areas. Such issues associated with rurality impacted on young people differentially, depending on other factors such as their mobility and relative affluence.

A key finding to emerge from the research relates to the interaction between income poverty and neighbourhood context. Children in low income households were thus doubly disadvantaged when their limited household finances, mobility and space was combined with issues related to poverty of place, such as limited service availability, territoriality, safety concerns, physical hazards, and less diverse social networks. However, the impact of this compounded income and neighbourhood effect was mitigated for some children in terms of their service use by resources accessed via family members.

SUMMARY, CONCLUSIONS & RECOMMENDATIONS



11.1 THE AIMS AND NATURE OF THE RESEARCH

The primary aim of the qualitative research discussed in this report was to examine, from children's perspectives, the implications of poverty for children's use of services. In order to optimise understanding of this issue, information and views were obtained from both children living in poverty and those who were not, so that it was possible to distinguish issues that were common to most or all children from those that were largely or wholly experienced by materially disadvantaged children. During the first part of the study focus group discussions with children and interviews with service providers explored their views on services in general, while individual interviews with children in the second stage concentrated on leisure, health and retail services which the group discussions had shown were among the most salient in children's lives.

In view of the complex and multi-dimensional nature of poverty, the sampling of children to take part in the study and analysis took account of both family income and the extent to which the neighbourhoods in which children lived were deprived, affluent or intermediate. The study recognised that the social resources available to children from their family, peer and neighbour networks would also impinge on service use, in ways that would interact with the material circumstances of the family and the neighbourhood.

11.2 THE MEANING AND IMPORTANCE OF SERVICES FOR CHILDREN

Children's understandings of services

Children were very proficient about discussing specific services, although they did not usually organise their thinking and communication about use of professionals and agencies in terms of 'services'. Their comments reflected a clear understanding of services, both as a means of taking part in activities, and as sources of help and support. Whilst education is the dominant public service for children, it is of interest that children did not explicitly view school as a 'service' as such.

The important role of school as a service within their lives was however implicit in discussions regarding service use, such as accessing music and sport via the school curriculum, and attending after-school clubs. Not viewing school explicitly as a service may reflect the fact that most focus groups were conducted in schools or that school was so omnipresent in children's lives that it did not occur to them to highlight its role during discussions. Moreover the compulsory nature of school may well have affected their perspective, as most of the other services they discussed were ones they attended voluntarily or for emergency help. The research team decided after consultation with the children in the focus groups not to include school as one of the three service domains for in-depth consideration in this study. It is not therefore possible to offer wider comment on these issues. However, it would be valuable if future research explored more deeply children's perceptions of school within the context of children's services.

Perceived functions and benefits of different services

The meaning and importance of services within children's lives was related to perceived functions and benefits of different services. Within this study, young people emphasised short-term functions and benefits, particularly of leisure services, rather than those associated with the longer-term such as skills development, although these were occasionally mentioned. Of particular interest was how such discussions highlighted the importance to children of having places to go where they could meet friends and other young people without necessarily engaging in formal activities.

Children's perspectives on quality aspects of services were also revealing. Issues such as being respected, having staff who were trustworthy and confidential, and staff continuity were qualities which largely cut across different service domains, as well as children's income and area profiles. In particular, where services like health involved one-to-one contact, the importance of staff continuity was emphasised.

On a number of issues, there was considerable convergence between the views of children and service providers concerning what children need in terms of services, particularly in terms of informal meeting places, being treated with respect, building trust and confidentiality. However, children tended to emphasise the importance of safety, accessibility and affordability to a greater extent than service providers.

Children also discussed their priorities for service improvements and aspirations for change, with a high degree of concurrence on what they required or aspired to, regardless of where they lived or their relative affluence. More pronounced views were expressed on a number of service aspects by children living in deprived urban areas, and in remote and rural areas, such as improved access to a wider range of leisure and retail facilities.

Access to alternatives to services

The importance and meaning of services within children's lives were also related to the extent to which they were able to access other resources as alternatives to services through their families, friends or local communities. Such alternatives to services, including both private and public informal spaces, formed an important dimension in children's experiences and shaped their need and willingness to use formal services. When children discussed leisure services, it was clear that for some the use of informal space provided a 'service' they valued highly or provided an outlet for exploration and socialisation that reduced the need or wish to use more formal services. Conversely, children who lacked access to informal space placed considerable emphasis on their need for good quality recreational provision locally.

Young people from less affluent households tended to spend more time in the street, whereas children from higher income households generally described alternative *private* spaces (spacious homes; private gardens) available to them to spend their time. More affluent young people also tended to spend more of their time engaged in organised activities. In contrast, children from less affluent households typically spent their free time in less structured activities, hanging out with friends and playing games which required either no or limited equipment, reflecting findings from previous research (Butler, 2003; Lareau, 2002; Livingstone, 2002). As such, informal spaces tended to be of particular importance to children from lower income households. While adult-organised and informal, peer-based activities each have benefits, the former may have greater capacity for building human and social capital. In another study, a number of parents living in disadvantaged areas believed that formal activities were desirable to give their children skills and social contacts within a safe context (Seaman et al, 2006). So differences between poorer and more affluent children in terms of how they spend time can be seen as reflecting an important dimension of inequality of opportunity for children growing up in poorer households.

Closely related to this is a form of spatial inequality that arises because young people living in certain neighbourhoods have few or no amenities in terms of both private and public informal spaces. This was found to be the case particularly for those in deprived urban areas, and to disproportionately impact on children from lower income households. There was also a rural/urban divide, with young people growing up in rural areas often having access to outdoor spaces such as beaches, rivers, harbours, where young people could spend time with friends. This was in contrast to those young people in (deprived) urban neighbourhoods, who frequently had little access to quality informal spaces, and tended rather to rely on playing on the street or on other sites where there were safety or physical hazards present. Also in urban areas, adult-imposed constraints on use of informal spaces were reported to be more prevalent.

The research findings signal the importance for all young people to have access to *high quality informal spaces*, regardless of where they live or their household circumstances. There may be a role for intermediary agencies to facilitate access to such spaces, ideally within children's own localities but also through facilitating access to other environments beyond the local level.

The findings are also relevant in terms of the extent to which informal public spaces children and young people use during their leisure time fall under the jurisdiction of a local authority or other public or private body in terms of protecting and/or maintaining spaces (e.g. landscaped or communal areas of housing estates). Young people's expressions of the importance of such spaces in their everyday lives, and the potential benefits associated with their access to quality informal spaces, including impacts on health, suggest that as well as considering those more formally defined services, attention needs to be given to young people's access to informal spaces. Their needs for such informal spaces should be taken into account by local authorities and other public agencies in relation to local decision-making regarding such spaces. This could include, for example, taking account of young people's views in local authority audits on open space.

Local authorities and other agencies preparing Integrated Children's Services Plans could include sections on informal services and spaces, since the research showed how children's use of official services interfaces closely with the availability of more informal services (including open spaces in local neighbourhoods and local parks). Similarly, community plans should take into consideration children's viewpoints and support young people's safe and constructive use of informal spaces.

11.3 THE ROLE OF MEDIATORS

The role of parents, family and friends

The role of parents in supporting service access was of crucial importance for the majority of young people in this study. This could take a variety of forms, including provision of information, encouragement of interest, assistance with joining, help with transport and on occasion joint involvement. With a few exceptions, children's accounts showed that parents across the affluence spectrum sought to provide support in engaging with services, though their material capacity to do so varied. Access to health services were most strongly mediated by parents (particularly mothers) for both age groups. Access to retail and leisure services showed differing levels of parental mediation, dependent on a range of factors including children's age, parental free time available, parental attitudes and levels of parental interest or involvement regarding particular services. Some children, including a minority of less affluent young people, experienced parent-related constraints regarding access to services. In addition, the evidence suggested less affluent young people tended to access leisure and retail services less often and more independently than young people from more affluent households. There is a need for further research to explore in more detail the drivers associated with such apparent differences.

In addition to parents, wider family members, friends and, to a lesser extent, members of local communities emerged as key resources for young people in terms of their access to services. Friends were particularly important in a number of respects, not least in providing companionship to access services which was of increasing importance with age (although conversely not having friends to go with formed a barrier to service access). There was also evidence that the impact of poverty could be mitigated when peer relationships enabled young people from lower income households to use services or tap into resources which supported their access to services. For example friends and their families would provide assistance with transport, pay entrance fees or involve children in day trips or outings.

This raises the challenge of how service providers can support family members, friends, and community members in their facilitating role regarding children's access to services. This is especially important when children have limited parental engagement or other adult mediation. In such cases professionals and service providers may play a critical role in helping children to learn about and become interested in appropriate services, followed by support with joining and sustaining involvement. As children grow older, this increasingly entails supporting accessibility of services by children independently of adults.

The role of agencies

The study revealed that, for many children, school was a vital hub for learning about and engaging with other services. This occurred in a number of ways: through formal lessons, extra-curricular activities, co-location of non-educational services, and via the school's links with wider universal or specialist services. The importance of school as a medium for access to services was especially significant for children living in lower income households, who may have limited access to services through other medium such as parents, family, or other agencies. There is a need to raise awareness within schools and other agencies of this crucial role, and ensure Guidance staff, subject teachers and other professionals with a locus at school, such as school nurses, are fully enabled to undertake such mediating roles across a range of services on behalf of all children, particularly on behalf of those from lower income households.

A key message arising from the research concerns those children who are only accessing very few services, making little or no use of the private and voluntary spheres. That applied to a minority of children from lower income households in this study who rarely accessed services apart from those in the statutory sector. For some this meant the universal provision of education and health services although others were in contact with more specialist agencies, such as youth projects and social work. This suggests the need for awareness-raising among statutory services about their potential role in helping young people reliant on statutory services to engage with a broader range of other provision to help meet their needs.

The important role of other agencies as intermediaries was also evidenced in the study. Indeed certain services described by young people in this research fulfilled an even wider function in terms of personal development and social capital. They could be regarded as *transformative services* through a combination of creating opportunities which the children attending otherwise lacked: developing new skills, enhancing social networks and tackling practical barriers to service use such as limited mobility and affordability. These were particularly significant for children from lower income households, where cost, transport and limited opportunities were often major issues. Such transformative services included befriending services, some elements of youth provision, and other children's projects. For example, one young girl's introduction to a befriending service had extended her opportunities for participating in a range of services through the mediation of her befriender and the financial support of the service towards meeting the costs of such participation. Such services therefore emerged as a key way of ensuring greater equality of opportunity for less affluent young people with regard to service use. More provision is needed which supports young people to develop new skills and build social networks within their local area, as well as those which enable young people to access services outwith their immediate locality.

The role of information

Information forms a key prerequisite for young people's engagement with services. Children valued parents, friends, teachers and others as sources of understanding about certain services, for instance with regard to the opportunities on offer, kinds of activity and clientele, as well as joining and opening arrangements. Yet many described lack of knowledge or inadequate information as a constraint on their service use. In particular, there were concerns that much information appears to be largely targeted towards parents.

Therefore, to ensure more equitable access to services, more 'child-friendly' information needs to be made available to children as well as to their parents, and to be better targeted and accessible to meet their needs. Such information should be made available in a range of formats and via a number of sources, including school and other agencies and services that young people come into contact with. Children from lower income households, who may be amongst those with more limited knowledge-based resources for accessing information, such as access to Internet or parental connections with service providers, may particularly benefit from such an approach.

11.4 THE IMPORTANCE OF MATERIAL RESOURCES

Material resources and affordability

Service affordability was one of the greatest influences on service access and use highlighted by young people in this study. Children's willingness and capacity to use a service regularly or even at all was critically affected by both direct and indirect costs which often combined to form a double cost burden. Besides direct charges such as entrance or membership fees, affordability was affected by the expense of travel to and from a service, and of associated equipment, clothing and refreshments. Whilst concerns about costs were expressed strongly across the study sample, this was especially so for children from lower income households. Poverty affected both perceptions of affordability, the type of services accessed and frequency of access. Children in low-income households cited examples of delayed consumption, and more erratic or sporadic use of services, particularly leisure but also retail. Perceptions or use of health services did not appear to be influenced by affordability concerns.

The children highlighted the importance to them of services free at the point of access such as Internet access via libraries or free swimming. A number of children from lower income households indicated they rarely used services that were not free at delivery unless these were necessities. However, some from lower income households indicated that even very low cost or 'free entrance' services were prohibitive to young people because of the indirect costs associated with their use (such as transport, or paying for refreshments), so that help may be needed with such associated expenses to enable access by children living in poverty. It is therefore vital that agencies and facilities with an inclusive ethos or particular duties towards less affluent children are fully aware of such hidden costs and, where appropriate, assist with meeting them. In some instances it may be necessary for voluntary bodies to seek additional funds to cover hidden costs.

Financial awareness

The research findings suggest that there was a high level of financial awareness regarding services amongst children generally, but especially by children from lower income households who experienced most strongly the double burden of direct and indirect costs for accessing services. As a result, children may withhold some (or all) of their requests to parents about their wishes to use a service because of concern about covering the costs, or simply not inform their parent about services which have cost implications. Such findings illustrate children's agency in helping the family to manage financial pressures, in line with previous research (Shropshire and Middleton, 1999; Attree, 2006). Children may also be managing stress related to their parents and the concern they feel as children for their parents who may be going without. The study confirmed previous evidence that children from less affluent households tend to experience ongoing pressures on a daily basis as a result of this financial awareness that may be largely absent from the lives of more affluent children.

Cumulative 'missed' opportunities

The study highlights the effect of many 'missed' opportunities on children growing up in poorer households in terms of services. It is the *cumulative impact of many missed opportunities*, including erratic or sporadic attendance at services, which are of particular concern:

- missing the opportunity to learn something which may be vital for health, skill development or safety (such as swimming);
- not going to a desired and useful activity (as when a parent needs to use for something else the 50 pence it would cost for her daughter to go to the weekly youth club);
- making do with alternatives to services (for instance, playing football on the street rather than having access to a proper facility);
- diminished peer contacts, perhaps accompanied by stigma (e.g. having to make excuses to friends for not spending leisure time with them because of the cost).

These in turn may translate into reduced or constrained opportunities to build social and human capital, such as developing new friendships and social networks or learning new skills including self-advocacy skills, all of which may negatively impact on young people in the longer term. This suggests the need for awareness raising amongst service providers of the impact of poverty on children using their services, both through addressing the hidden costs of services and attending to the range of barriers which cumulatively may impact disproportionately on children from lower income households.

11.5 CHOICES AND CONSTRAINTS

A number of additional factors emerged from the study, which formed important influences on service use or non-use.

The influence of age

Age played an important role in young people's access to services and their decisions whether to opt in or out of provision. In some instances, this was associated with formal age group distinctions imposed by service providers, which could result in young people deciding to opt out of a service (for example because their peers, older siblings or cousins were no longer in the right age range to attend). In addition, many young people held strong views about service appropriateness at different ages, which shaped their willingness to use certain provision.

These findings suggest the need for a more flexible approach to formal age requirements where possible, in order to maximise young people's participation. Equally, service commissioners and providers could afford more opportunities for young people to convey their ideas about what constitute appropriate services and how their functions and design can be adapted to meet the needs and wishes of children at different ages. There is also a need for further consideration of how best to utilise mixed use of the same spaces within services such as parks to ensure they meet the needs of all age groups using the service.

In terms of the impact of poverty with respect to age, there was some evidence of an interaction between affordability and age in terms of service access. With increasing age, services such as the cinema as well as transport could cost more. However, children in low income households who reached the age-related milestone might well have no equivalent increase in their financial resources. This suggests that service providers need to consider the needs of less affluent children to prevent them being adversely affected by cost increases related to age.

Supply side issues

Supply side issues were found to facilitate, constrain or even rule out access for children. Although children in a range of localities wanted a wider scale or range of provision, comments about the dearth of local provision were most marked among those living in deprived neighbourhoods. This applied particularly to leisure and retail services and disproportionately affected less affluent children who were less able to afford services or travel further afield than their more affluent peers. Service environment and design issues were also important to young people, as were the extent to which services were constrained in terms of entry or opening arrangements.

Such issues formed important determinants of young people's daily patterns of service use, and as such it is important that the constraints and barriers associated with the delivery of services are fully considered and where possible addressed in order to maximise children's participation in services.

Mobility and service use

Mobility, in terms of the ability to get to and from services, emerged as a key factor impacting on service use for young people across urban and rural environments. Indeed, this study highlighted that young people's own perceptions of accessible services were often confined to services within a safe walking distance. Proximity of services thus emerged as a key factor, highlighting that service location will have a crucial bearing on young people's use of services.

For young people from lower income households, who are more likely to be reliant on public transport because of lack of access to private transport, mobility was particularly constrained and this in turn restricted access to services, especially those located outwith their immediate neighbourhood. There was also a greater likelihood that they lived in deprived areas where public transport links were poor, placing additional limitations on their capacity to travel.

A related point concerns the interaction between rurality, poverty and mobility. Young people in low income households living in more remote rural areas find it hard to access services that are not within the immediate locality, whilst their more affluent peers may be buffered by family resources supporting service use (private transport, funds to pay for public transport or taxis).

There are a number of implications arising from the study related to mobility and service use, particularly for children from lower income households. These are considered below with respect to area deprivation, low income and mobility.

Safety

Safety issues were more predominant concerns for children growing up in deprived urban areas, who also were mostly from lower income households. As other studies have found (Ghate and Hazel, 2002; Seaman et al, 2006) a range of hazards tended to be associated with deprived urban environments which made the use of certain services, spaces and routes more risky. Children explained how concerns about safety adversely impacted on their ability or willingness to access services in their local areas. Particularly significant were fears about territorially based peer aggression, anti-social behaviour arising through visible drug and alcohol abuse, and physical dangers.

There are important messages for partners in local Community Safety Partnerships about the threats young people may experience, particularly in deprived urban areas, and the duality of young people's situation in terms both of being viewed as a source of anti-social behaviour and as victims of such behaviour. Greater awareness raising is required about the realities experienced by young people and consideration of how best to address young people's safety concerns in order to improve their access to and use of services regardless of geography. Without addressing safety concerns, improving the levels and availability of services within these areas will have limited impact, suggesting the need for innovative ways of addressing these concerns to be considered. Such actions could take place both at the individual service level (such as providing transport, as many services already do), as well as through preventive action at the neighbourhood level. For instance, in one area young people valued and were reassured by community wardens, whom they viewed as both visible and approachable.

The study found that children and young people spent time in groups, at least partly for their own safety (cf. Turner et al, 2006). Such self-protective groups may be confused with more aggressive groups by other local residents and so viewed negatively. Awareness raising within local communities about the experiences of young people in terms of safety could be beneficial in easing tensions between children and young people and other local residents within communities.

Staff attitudes and treatment

Staff treatment of young people could influence their decisions whether to engage with a certain service or not. Most children were very conscious that the way they were treated by service providers varied greatly. Children were broadly positive about how they were treated by health service staff, highlighting such important aspects as having treatment explained to them. Less positive were perceptions of treatment by retail staff in some instances. Poor treatment by staff was cited as an important factor associated with opting out of participation in services on occasion. Children valued highly qualities such as non-judgemental staff and staffing continuity, pointing to the importance of training for staff who engage with children during the course of their jobs regarding this. For staff who may engage in one-to-one contact with children, ensuring their practice is informed by principles such as non-judgemental attitudes, confidentiality, and trustworthiness will be especially important.

Self-confidence

The importance of self-confidence for accessing services emerged strongly from service provider perspectives, and was a particular concern some raised in relation to poorer children. It also emerged indirectly from children's accounts, being implicit for example in discussions indicating that children would rarely use a service without 'someone to go with'. In view of the finding that children from poorer households tended to access leisure services more independently than children from more affluent households, this suggests that whilst support to build children's confidence to facilitate and encourage their use of services is important across the board, a particular emphasis should be placed on supporting children from lower income households to prevent lack of confidence forming a further barrier to their access and use of services.

Service provider perspectives on barriers compared with children's views

Both children and service providers voiced some similar views about the barriers to service access for children, such as cost and transport. However certain issues were given markedly different weightings by children. For example, although a few service providers mentioned safety and risk, this was much more widespread and strongly emphasised by children across all the case study areas. Staff attitudes, peer influences, service location and age-related barriers were also more strongly identified by young people as barriers to service use. The influence of temporal factors (seasonality; time of day) on children's service use were solely raised in children's accounts and formed constraints to use of various services at certain times of day or of the year, not least due to the escalation of safety concerns during the hours of darkness.

Cumulative barriers and poverty

Whilst individual barriers to service use experienced by young people could be overcome to some extent, the evidence suggests that children growing up in lower income households tended to experience a number of concurrent barriers which together could limit or prohibit their access to or use of services, such as low mobility combined with safety concerns regarding accessing services in the locality. Thus it was the *cumulative nature of barriers* that disproportionately impacted on children living in poverty.

This suggests the need for service providers to be aware of the strength of different barriers children may encounter within their local area, and to consider multiple ways in which their services may be made more accessible for children from lower income households. This could include, for example, the provision of free transport to cover cost and to address any safety considerations associated with travelling to and from facilities.

11.6 THE IMPACT OF AREA DEPRIVATION ON SERVICE USE AND THE INTERACTION WITH INCOME POVERTY

The outline of factors affecting service use above has repeatedly shown the impact of local area differences. In particular deprived areas tended to have a poorer range of services, less good transport and greater restrictions on children's movements and use of space resulting from safety concerns. There was a lower level of provision of some services (particularly good quality, affordable, private sector services). Although this was sometimes offset by the provision of specialist services, their availability could be erratic and short-term, with closure following the withdrawal of funding. The general impoverished environment meant there was less scope for children to meet their recreational needs through the use of informal spaces. For many this was compounded by the absence or limited size of *private* spaces compared with their more affluent peers who usually had more spacious homes with private gardens.

As young people from lower income households are more likely to live in deprived areas, they experienced both financial and spatial inequalities, which combined to limit the nature and diversity of service use. Some faced most or all of the cumulative barriers outlined in the previous paragraph. The impact was mitigated for a minority of young people living in areas of deprivation whose households had higher income and access to private transport, since they had greater potential to afford services within the area that were not free (through higher income) and further services outwith the area (through higher mobility).

This 'layering' of inequality meant that young people from lower income households growing up in deprived, typically urban areas had the poorest access to both formal services and informal spaces. Despite a policy emphasis over many years on area-based initiatives, there remains a need for a wider range of long-term services to be available in deprived neighbourhoods with no or little costs (indirect and direct) and a safe milieu. Ideally these should include multi-functional, transformative provision, as well as appropriate information and mediation.

11.7 LISTENING TO CHILDREN

Although participation and consultation were not the primary focus of the present study, its methods and findings reinforced the value of policy-makers and service providers learning from the informed and articulate views of children and young people like those who participated in the study. The majority of young people in this research had very limited experiences of consultation or participation about services. Although some were engaged in services which encouraged the inclusion of their views in decision-making (for example, discussions about choices of activities at a youth club) there were normally very few or no opportunities for children to have a 'voice' in relation to services.

This research has demonstrated the potential value of in-depth discussions with children from lower income households focusing on their perspectives, not only in terms of the research outcomes but also in terms of the increased opportunity for 'voice' which this provides. It is hoped that the fact children were encouraged to participate and to have their views listened to, using a number of different methods including textual, visual and oral, has supported children to express their viewpoints on this important issue.

The research findings show that children and young people are highly engaged in certain service areas, and particularly those related to their local area which they access frequently such as play and open spaces including parks. This suggests the need for strengthened involvement of children and young people in decision-making about these neighbourhood spaces that are key places children and young people use. The research demonstrates that they have very clear ideas about their needs and aspirations i.e. both what they want in terms of these spaces and what would improve these places for young people. Given that informal services such as parks may have particular significance for children from lower income households, it is crucial that their voices are included in any such consultations or other mechanisms for strengthened involvement.

Furthermore, the study has shown how factors such as relative affluence, neighbourhood and age combine to shape how young people access, engage in (or opt out of) and use different services and spaces over time, and therefore are of crucial importance in terms of planning and organising services and spaces which are adaptive to meet the diverse needs of a range of groups. Given the major challenge this poses for those involved in service planning, design and delivery, involving children and young people at all ages in the design and planning of local services will be of key importance.

It is therefore important that individual agencies and services develop routine mechanisms for taking into consideration the views of the actual and potential child users. Further, policy-makers and inter-agency groupings, such as those involved with the preparation of Children's Services Plans in every local authority area, need to hear and respond to the views of children about service availability, access, design and functions, as well as the particular barriers faced by children living in poverty.

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